

METAL LATHERS LOCAL 46 – VACATION FUND BENEFICIARY CARD

Social Security Number:

NAME: _____

LAST

FIRST

INITIAL

I hereby designate as my beneficiary to receive any moneys on deposit in my Individual Annuity Account with the Metal Lathers Local 46 Annuity Fund upon my death, the following:

Name of Beneficiary _____ Relationship _____

SS# _____ D.O.B. _____

Address _____

In event that the above named Beneficiary does not survive to receive all payments due after my death, I designate as CONTINGENT BENEFICIARY:

Name of Beneficiary _____ Relationship _____

SS# _____ D.O.B. _____

Address

Date Signed _____ Signature _____

Local 46 Trust Fund Office
61-02 32nd Avenue
Woodside (Queens), NY 11377
Phone: 212-535-2323

