



# Benefit Office

UA LOCAL 13 PLUMBERS, PIPEFITTERS & SERVICE TECH'S  
STEVE OSTRANDER – FUND ADMINISTRATOR

1850 MT. READ BLVD  
ROCHESTER NY 14615

P (585) 338-2310  
F (585) 544-3993

## UA Local13 Pension Fund Beneficiary Election Form

To the Board of Trustees:

In accordance with the provisions of Article I, Section 4 of the UA Local 13 Pension Plan Document, I hereby designate the following beneficiaries to receive any benefits which may become payable under the Plan on account of my death:

### PRIMARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

### SECONDARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

### TERTIARY

First Name	Middle Initial	Last Name	Relationship
Address		City/Town	Zip
E mail address		Cell Phone	Home Phone

### **YOU MAY LIST ONE OR MORE BENEFICIARIES:**

However, the person named on line (1) will receive all benefits payable.  
If the person named on line (1) is deceased at the time of your death, all benefits will then be payable to the person named on line (2).  
If both of the persons named on lines (1) and (2) above are deceased, all benefits would then be payable to the person named on line (3).  
This election is made in lieu of any beneficiary designation you may have previously submitted to the Benefit Office.

### **YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME:**

However, you must fill out another Beneficiary Election Form, and file it with the Benefit Office before it becomes effective.  
**If you are married, you MUST have your spouses consent (in writing) and meet requirements under federal, state & Plan guidelines**  
If you have any questions concerning how this Form should be completed, please contact the UA Local 13 Benefit Office.

Participant Name : \_\_\_\_\_ Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Name : \_\_\_\_\_ Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

:

Witness Name : (Cannot be Beneficiary) \_\_\_\_\_ Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Notary Accepted)