ANNUITY AND PENSION FUNDS OF STAGE EMPLOYEES LOCAL NO.4, I.A.T.S.E. PHONE: (718) 252-8777 2917 GLENWOOD ROAD, BROOKLYN, NY 11210 FAX: (718) 421-5605

BENEFICIARY ELECTION FORM

PARTICIPANT INFORMA	ATION (required)						
NAME:(Last Nar			(First Name)			(Middle Name)	
ADDRESS:	(Number and Street)		,				
	(Number and Street)		(City)		(State)	(Zip Code)	
DAYTIME PHO	NE NUMBER:		EVENIN	NG PHONE	NUMBER:		
SOCIAL SECUR	RITY NUMBER:		DATE OF BIRTH:				
SINGLE	Married \Box	MARRIED □ DIVORCED □ SPOUSE DECEASED □ C				CANNOT LOCATE SPOUSE 🗆	
DATE OF MAR	RIAGE:		DATE OF DIV	VORCE OR	Passing: _		
As a <i>married participan</i> consent of my spouse	I understand that	t this or any future	designation of ben	eficiary is	valid only v	with the written, notarized	
		EFICIARY DESIGN	ATION (check eithe	er hox 1 or	2)		
1. □ SPOUSE AS PRIM						ance upon my death	
		•		my chine a	ccount out	thee upon my death.	
SPOUSE NAME				(First Name)		(Middle Name)	
ADDRESS:	(Number and Street)		(City)		(State)	(Zip Code)	
SOCIAL SECUR	RITY NUMBER:			DATE O	F BIRTH:		
2. Non-Spouse or balance upon my death: BENEFICIARY 1 RELA	(if division is othe	r than equal share.	s, fill in whole per	centages w	hich must		
					· ————		
NAME:(Last Nar			(First Name)			(Middle Name)	
ADDRESS:	(Number and Street)		(City)		(State)	(Zip Code)	
BENEFICIARY 2 RELA	TIONSHIP:	DC	OB:	SSN:		%	
NAME:(Last Nar			(First Name)			(Middle Name)	
•	(Number and Street)		(City)			,	
BENEFICIARY 3 RELA			(City) DB:		(State)	(Zip Code)	
NAME:	110NSIIII	D(ув	5511	'	/0	
(Last Nar	me)		(First Name)			(Middle Name)	
ADDRESS:	(Number and Street)		(City)		(State)	(Zip Code)	
BENEFICIARY 4 RELA		DC	OB:	SSN		%	
NAME:(Last Nar			(First Name)			(Middle March	
Address:	(Number and Street)		(,			(Middle Name)	
	(Number and Street)		(City)		(State)	(Zip Code)	
(Participant's Signatu	ure)					(Date Signed)	
(Spanned Signature)						(Data Sirwan)	
(Spouse's Signature)	,					(Date Signed)	
State of							
County of)SS:)						
On the day person described above	of	, before	e me came	to	me knowi	n and known to me to be the	
person described above	who executed the	ioregoing statemen	n before me under	oatii.			
Notary	Public						