

ANNUITY FUNDS OF STAGE EMPLOYEES LOCAL NO. 4, I.A.T.S.E

Phone: 877-773-4456

27 Roland Avenue, Suite 300, Mt. Laurel, NJ 08054

Fax: 856-793-3105

BENEFICIARY ELECTION FORM

PARTICIPANT INFORMATION (required)

NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)
DAYTIME PHONE NUMBER: _____ EVENING PHONE NUMBER: _____
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
SINGLE MARRIED DIVORCED SPOUSE DECEASED CANNOT LOCATE SPOUSE
DATE OF MARRIAGE: _____ DATE OF DIVORCE OR PASSING: _____

As a married participant, I understand that this or any future designation of beneficiary is valid only with the written, notarized consent of my spouse.

(initial)

BENEFICIARY DESIGNATION (check either box 1 or 2)

1. SPOUSE AS PRIMARY BENEFICIARY: I would like my spouse to receive my entire account balance upon my death.

SPOUSE NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)
SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

2. NON-SPOUSE OR MULTIPLE PRIMARY BENEFICIARIES: I would like the following person(s) to receive my account balance upon my death: (if division is other than equal shares, fill in whole percentages which must total 100%)

BENEFICIARY 1 RELATIONSHIP: _____ DOB: _____ SSN: _____ % _____

NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

BENEFICIARY 2 RELATIONSHIP: _____ DOB: _____ SSN: _____ % _____

NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

BENEFICIARY 3 RELATIONSHIP: _____ DOB: _____ SSN: _____ % _____

NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

BENEFICIARY 4 RELATIONSHIP: _____ DOB: _____ SSN: _____ % _____

NAME: _____ (Last Name) _____ (First Name) _____ (Middle Name)
ADDRESS: _____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code)

(Participant's Signature)

(Date Signed)

(Spouse's Signature)

(Date Signed)

State of _____)
County of _____) SS: _____

On the _____ day of _____, _____ before me came _____ to me known and known to me to be the person described above who executed the foregoing statement before me under oath.

Notary Public