

## I.A.T.S.E. Pension Fund Beneficiary Designation Form

### Instructions

1. A completed designation form received by the Fund Office revokes all prior designations.
2. In section two, please identify whether any beneficiary listed is a “**Primary**” or “**Contingent**” Beneficiary.
  - A “**Primary**” beneficiary(ies) will receive the percentage share you designate of any benefit payable after your death. (The percentages designated must add up to 100; otherwise (or if no percentage is specified), all primary beneficiaries will be paid an equal share).
  - A “**Contingent**” beneficiary(ies) will only receive a benefit if no Primary beneficiary is alive at the time the Participant dies, or all primary beneficiaries die before receiving all payments due.

If you name more than one primary beneficiary, and one primary beneficiary dies before all payment are made, the remaining primary beneficiary(ies) will receive any remaining death benefit (rather than any contingent beneficiary).
3. For example, if you are not married and want your two children to each receive half of your death benefit, and you want your brother to receive your death benefit if both children die before receiving the entire death benefit, you should list both children as primary beneficiaries for 50% and your brother as the contingent beneficiary for 100%.
4. If you are married on the date of your death, your spouse will automatically be your beneficiary. Neither you nor your spouse may waive this preretirement spousal death benefit.
5. If you name someone other than your current spouse as beneficiary, the designation will only take effect if your spouse dies or you divorce.
6. This form is valid only for benefits from the IATSE National Pension Fund. If you participate in other IATSE National Benefit Funds, you must separately designate a beneficiary for each Fund.
7. New beneficiary forms will not be accepted by the Fund Office after the Participant’s date of death.
8. This form will not apply after you apply for and commence benefits. You will designate a beneficiary as part of your application for benefits.



## I.A.T.S.E PENSION FUND BENEFICIARY DESIGNATION

*Please read the attached instructions before completing this form.*

Participant's Social Security No: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
First middle last

Participant's Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City state zip

Marital Status: ☐ Married ☐ Single ☐ Divorced

**IMPORTANT:** If no valid beneficiary designation is on file or if the designation cannot otherwise be determined, the beneficiary will be determined by the plan fiduciary according to plan documents and applicable law. If one or more of the primary beneficiaries predeceases the participant, or dies before receiving the full death benefit, then any payment (or remaining payment due) on account of the participant's death will be distributed equally among the surviving primary beneficiaries.

This designation supersedes any prior designation.

**Primary Beneficiary:** (if you are married at the time of your death, your spouse at that time is automatically your beneficiary, regardless of how you complete this form.)

Name: _____	% of benefit: _____
Social Security No.: _____	Date of Birth: _____
Address: _____ Street	
_____ City state zip	
Telephone Number or E-Mail Address: _____	

**Return Completed Forms To: I.A.T.S.E. Pension Fund,  
417 Fifth Avenue, 3<sup>rd</sup> Floor, New York, NY 10016  
FAX: 646- 783-7660**

**2. Additional Primary, or Contingent Beneficiaries:** I designate the following person(s) to receive any Pension payments due upon my death:

Name:	_____	Type	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	% of benefit:	_____
Social Security No.:	_____	Date of Birth:	_____			
			mm/dd/yyyy			
Relation to Participant:	_____					
Address:	_____					
	Street					
	_____					
	City		state		zip	
Telephone Number or E-Mail Address:	_____					

Name:	_____	Type	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	% of benefit:	_____
Social Security No.:	_____	Date of Birth:	_____			
			mm/dd/yyyy			
Relation to Participant:	_____					
Address:	_____					
	Street					
	_____					
	City		state		zip	
Telephone Number or E-Mail Address:	_____					

Name:	_____	Type	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	% of benefit:	_____
Social Security No.:	_____	Date of Birth:	_____			
			mm/dd/yyyy			
Relation to Participant:	_____					
Address:	_____					
	Street					
	_____					
	City		state		zip	
Telephone Number or E-Mail Address:	_____					

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**417 5<sup>th</sup> Avenue, 3<sup>rd</sup> Floor New York, NY 10016**  
**FAX 646-783-7660**

## **PARTICIPANT SIGNATURE**

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I understand that this beneficiary designation supersedes any previous designation.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **FUND OFFICE AUTHORIZATION**

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I, the Plan administrator, certify, to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Fund Administrator

\_\_\_\_\_  
Date

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