

ASBESTOS WORKERS SYRACUSE BENEFIT FUNDS

A. PARTICIPANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Birthdate _____

Social Security# _____ Home Local # _____

DESIGNATION OF BENEFICIARIES

B. PRIMARY BENEFICIARY INFORMATION

PENSION

ANNUITY

Name _____

Name _____

Address _____

Address _____

Social Security # _____

Social Security# _____

Birthdate _____ Sex _____

Birthdate _____ Sex _____

Relationship _____

Relationship _____

C. ALTERNATE BENEFICIARY INFORMATION (If primary beneficiary does not survive the participant)

Name _____

Name _____

Address _____

Address _____

Social Security# _____

Social Security# _____

Birthdate _____ Sex _____

Birthdate _____ Sex _____

Relationship _____

Relationship _____

Participant Signature _____ Date _____