

## DESIGNATION OF BENEFICIARY FOR DEATH BENEFIT

If one name is listed below, that person will receive the full amount of your Death Benefit. If more than one name is listed below, the amount will be equally divided among all named unless you specify otherwise.

I hereby elect that, upon my death, the amount of my Death Benefit will be paid to the following name(s) as my **PRIMARY BENEFICIARY(IES)**, to be divided equally unless another allocation is shown below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Portion of benefit to be paid to this beneficiary \_\_\_\_\_%

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Portion of benefit to be paid to this beneficiary \_\_\_\_\_%

In the event my Primary Beneficiary(ies) does (do) not survive me, the amount of my Death Benefit shall be paid to the **CONTINGENT BENEFICIARY(IES)** below, to be divided equally unless another allocation is shown below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Portion of benefit to be paid to this beneficiary \_\_\_\_\_%

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Portion of benefit to be paid to this beneficiary \_\_\_\_\_%

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Signature of Retiree

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Date

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Please Print Name

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Social Security Number

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Address

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Phone Number

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City, State, Zip

You have the right to change your beneficiary at any time by notifying the Tri-State Joint Fund Retiree Department of the change. Notification must be in writing and must be signed by you.

TRI-STATE JOINT FUND 609 West Johnson Avenue 2<sup>nd</sup> Floor, Cheshire, CT 06410  
Telephone: (203) 250-2601 or (800) 292-8340