

# FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor \* 501 WEST 42nd STREET \* NEW YORK, NY 10036 \* (212) 695-5206

FAX (212) 947-5719

## ANNUITY FUND

### **DESIGNATION OF BENEFICIARY OR CHANGE OF BENEFICIARY**

Name of Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

I hereby revoke my previous designation of Beneficiary, if any, and I hereby designate the following named beneficiary to receive the Annuity benefits payable at my death, if any, under the provisions of the Local 580 Annuity Fund. By law, a spouse is entitled to **50%** of your account. If he/she is not listed to at least **50%**, he/she must sign the **WAIVER** below.

#### **PRIMARY BENEFICIARY**

Name of Beneficiary for: 50% 100% \_\_\_\_\_ Relationship: \_\_\_\_\_  
(circle one)

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

Name of Beneficiary for 50%: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

#### **CONTINGENCY BENEFICIARY (In the event of the death of the primary Beneficiary)**

Name of Beneficiary for: 50% 100% \_\_\_\_\_ Relationship: \_\_\_\_\_  
(circle one)

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

Name of Contingent Beneficiary for 50%: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Beneficiary Soc.Sec.No.: \_\_\_\_\_ Beneficiary D/O/B: \_\_\_\_\_

Beneficiary telephone No.: \_\_\_\_\_

# FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor \* 501 WEST 42nd STREET \* NEW YORK, NY 10036 \* (212) 695-5206

FAX (212) 947-5719

## **ANNUITY FUND**

### **DESIGNATION OF BENEFICIARY OR CHANGE OF BENEFICIARY**

I reserve the right to revoke and change the above designations at any time by giving written notice on the form prescribed by the Board of Trustees of the Local 580 Annuity Fund.

### **MARITAL STATUS (check one)**

\_\_\_ Married - Sign below and notarize (Marriage Certificate must be on file).

\_\_\_ Single - Sign below and notarize.

\_\_\_ Divorced - Sign below and notarize.

\_\_\_ Unable to locate my spouse (If you check this box, additional information is needed. Also sign below and notarize).

\_\_\_ Beneficiary of a deceased member - Sign below and notarize.

### **NOTARY**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Print Full Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

# FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor \* 501 WEST 42nd STREET \* NEW YORK, NY 10036 \* (212) 695-5206

FAX (212) 947-5719

## **ANNUITY FUND**

### **WAIVER**

#### **SPOUSAL STATEMENT (for married persons only)**

Have spouse complete the following statement. **ONLY IF SHE IS NOT LISTED AS THE PRIMARY BENEFICIARY FOR AT LEAST 50% OF THE ACCOUNT.**

I, \_\_\_\_\_, swear that I am the legal spouse of the employee described above. By law, I realize that I am entitled to **50%** of my spouse's account. I hereby consent to my spouse's designation of \_\_\_\_\_ as the beneficiary to my portion of the account. I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another payout option that my spouse selects.

### **NOTARY**

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Print Full Name

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature