## **Beneficiary Form**

Elevator Constructors Annuity and 401(k) Retirement Plan 60041



**GENERAL INFORMATION:** Please complete this form, including your signature and the date. Keep a copy for your records. Send a copy to your employer, and forward the original to the fund office at the address at the bottom of the page.

			LAST NAME	MI MI
REET ADDRESS			E-MAIL ADDRESS	
ITY		STATE		
TH DATE MARITAL		ALLY SEPARATED		
NEFICIARY DESIGNATIO Spouse Primary Beneficiary:	•	•	ance at my death.	
Spouse's Name:		Spouse's Social Sec	curity # Spouse's Date	
Non-Spouse or Multiple Prima (If division is other than equal shares, v		d like the following person(s)	to receive my account balance upon my deat	mo day yr h:
RIMARY BENEFICIARY NAME		RELATIONSHIP	SOCIAL SECURITY NUMBER	PERCENT
IMARY BENEFICIARY NAME		RELATIONSHIP	SOCIAL SECURITY NUMBER	PERCENT
IMARY BENEFICIARY NAME		RELATIONSHIP	SOCIAL SECURITY NUMBER	PERCENT
POUSE'S SIGNATURE DATE		NOTARY PUBLIC'S SIGNAT	TURE DATE	DATE COMMISSION EXPI
CONDARY BENEFICIARY	DESIGNATION			
CONDARY BENEFICIARY NAME		RELATIONSHIP	SOCIAL SECURITY NUMBER	PERCENT
		RELATIONSHIP	SOCIAL SECURITY NUMBER  SOCIAL SECURITY NUMBER	PERCENT
CONDARY BENEFICIARY NAME	eive my account balance u	RELATIONSHIP	SOCIAL SECURITY NUMBER	
CONDARY BENEFICIARY NAME  CONDARY BENEFICIARY NAME  ould like the following person(s) to rec  ARTICIPANT SIGNATURE:  the participant, certify that the above in its beneficiary designation supersedes	nformation is correct and I	pon my death and the death o  understand  RELATIONSHIP  • Retail • Provi	SOCIAL SECURITY NUMBER	PERCENT