BENEFICIARY FORM

Please note:

- This form is for participants' use only.
- Use ink to furnish all information.
- Be sure to sign and date the form.
- Check each item for accuracy.
- In the event of a change of status, beneficiary or address, please notify the Fund Office promptly at:

	1199SEIU Home 330 West 42 nd S New York, NY	e Care Employees Street, 10 ^t 10036-6977	Pension Fur	nd		
Member's Name:	First Name	Mi	ddle	Last Name	e	
Mailing Address:	Number	Ctroot	C:t-	Ctoto	7in Codo	
Telephone #	Number	Street	————	State	Zip Code	
Member ID#:		!	Birth Dat	e:(Month)	(Day) (Year)	
Please check:						
I HEREBY DES	SIGNATE MY E	BENEFICIAR	RY TO B	E: (see note	1)	
Designated Be	neficiary:	: Name		First Name	Middle Name	
Relationship: _ Address:			_ Birth I	Date:	<i></i>	
Address: Telephone # _	Number	Street Social	Securit	State	Zip Code	
If 2 or more ben including the ab						ttach an additional pag
IF MY DESIGNA BENEFICIARY			DECEA	SES ME, MY	ALTERNATE	
Designated Be	neficiary:	Nama		First Namo	Middle Name	
Relationship: _ Address:		. I VAITIE	_ Birth I	Date:	_//	
Telephone #	Number		City	State	Zip Code	

IMPORTANT NOTES:

- 1. If you are married on the date your benefits are scheduled to begin (or on your date of death, if earlier), federal law requires the Plan to treat your spouse as your designated beneficiary no matter whom you have listed as your designated beneficiary on this form.
- 2. If you begin to receive benefits as a Husband and Wife Pension and your spouse predeceased you, upon your death no further benefits will be paid even if you have listed an alternate beneficiary on this form.
- 3. If you are Single the Guarantee payment option will only be paid to your named beneficiary if you die while eligible for an immediate pension.

Member's Signature:	 Date:
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