

# MO-KAN IRONWORKERS TRUST FUNDS

(PENSION, ANNUITY AND WELFARE)

PO Box 909500, Kansas City, MO 64190-9500 • (816) 756-3313

## BENEFICIARY DESIGNATION FORM

Participant Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Please complete the back of this card to designate your beneficiary. This beneficiary designation may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If you are married and you have NOT elected your spouse as primary beneficiary, your spouse must sign this form which waives their rights to the pension in the presence of a notary.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**BENEFICIARY CARD**

## BENEFICIARY DESIGNATION

### Primary Beneficiary(ies)

1.	Name _____	Relationship _____	Social Security No. _____	Date of Birth _____
	Street Address _____	City _____ State _____	Zip _____	Percent _____
2.	Name _____	Relationship _____	Social Security No. _____	Date of Birth _____
	Street Address _____	City _____ State _____	Zip _____	Percent _____

### Secondary Beneficiary(ies)

1.	Name _____	Relationship _____	Social Security No. _____	Date of Birth _____
	Street Address _____	City _____ State _____	Zip _____	Percent _____
2.	Name _____	Relationship _____	Social Security No. _____	Date of Birth _____
	Street Address _____	City _____ State _____	Zip _____	Percent _____

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