

**DO NOT USE THIS FORM IF YOU ARE CURRENTLY RECEIVING BENEFITS FROM THE FUND
CONTACT THE FUND OFFICE FOR THE CORRECT FORM**

I.A.M. NATIONAL PENSION FUND

Designation of Beneficiary Form for Preretirement Death Benefits
(other than the 50% Spouse Preretirement Death Benefit).

Covered Employee: _____
Last Name First Name
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Current Address: _____
City: _____ State: _____ Zip: _____

If you need more space to designate either primary or successor beneficiaries, attach to this form a separate sheet of paper containing the same information requested below.

I designate the following individual(s) as my primary beneficiary or beneficiaries:

(1) Primary Beneficiary: _____
Last Name First Name
Social Security Number: _____ - _____ - _____
Relationship of Beneficiary: _____
Address of Beneficiary: _____
City: _____ State: _____ Zip: _____

(2) Primary Beneficiary: _____
Last Name First Name
Social Security Number: _____ - _____ - _____
Relationship of Beneficiary: _____
Address of Beneficiary: _____
City: _____ State: _____ Zip: _____

(3) Primary Beneficiary: _____
Last Name First Name
Social Security Number: _____ - _____ - _____
Relationship of Beneficiary: _____
Address of Beneficiary: _____
City: _____ State: _____ Zip: _____

I hereby designate the following individual(s) as my successor beneficiary or beneficiaries:

Successor Beneficiary: _____
Last Name First Name

Social Security Number: _____ - _____ - _____

Relationship of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip: _____

Successor Beneficiary: _____
Last Name First Name

Social Security Number: _____ - _____ - _____

Relationship of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip: _____

Successor Beneficiary: _____
Last Name First Name

Social Security Number: _____ - _____ - _____

Relationship of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip: _____

Date: _____ **Signature:** _____

If more than one person is named as your primary or successor beneficiary, any benefits to which the designated beneficiaries are entitled will be divided equally.

This form revokes any prior designations and will be revoked by any later designations made during your lifetime.

Please complete, sign and mail in an envelope to:

I.A.M. National Pension Fund
99 M Street S.E. Suite 600
Washington D.C. 20003-3799