## B.A.C. LOCAL 3 DEFINED BENEFIT AND DEFINED CONTRIBUTION PENSION PLANS BENEFICIARY DESIGNATION FORM

Name		Social Security No	
Address			
City		State	Zip Code
Phone Number		Marital Status	
Reason For Change (please c	heck one)		
Divorced*	Remarried*	Not Previously Filed	Death
Other			
	e decree and prope	n previously divorced & remarn rty settlement to ensure there is <b>K ONE</b> )	
DEFINED BENEFIT P	ENSION PLAN	DEFINED CONTRI	BUTION PENSION PLAN
	BO	TH PENSION PLANS	
	sion Plan Death Ber	ny death for the following bene nefit, Supplemental Pension Pla	
Member's Signatu	ire	Date	
Beneficiary Name		Relationship	
Beneficiary Address			
In the event that the beneficiate beneficiary:	ary named above sh	ould die before me, I designate	the following as
Beneficiary Name		Relationship	
I am aware that I may not	designate someone	e other that my spouse for Per ritten and notarized approva	nsion & Supplemental
Signature		Date	
Witness		Date	