

**CEMENT MASONS LOCAL 165  
PENSION FUND**



**PARTICIPANT BENEFICIARY FORM**

(Please Print)

**CHANGE**

**ORIGINAL DESIGNATION**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:            Married                      Single                      Divorced                      Widowed

**BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY**

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year. At that time, my spouse will automatically become my beneficiary. Finally, I understand that if I wish to name someone other than my spouse as my beneficiary, my spouse must consent in writing using a form available at the Fund Office or Local Union Office.

I hereby state that I am **NOT** married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death to the following individual(s):

**PENSION FUND DEATH BENEFIT BENEFICIARY:**

Beneficiary's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Participant Signature**

**Date**

**PLEASE RETURN THIS FORM TO:**

**6525 Centurion Drive • Lansing, MI 48917-9275  
Phone (517) 321-7502 • Fax (517) 321-7508**