ANNUITY AND PENSION FUNDS OF STAGE EMPLOYEES LOCAL NO.4, I.A.T.S.E. PHONE:(877) 773-4456 27 ROLAND AVE, STE 300, MT LAUREL, NJ 08054-1047 FAX:(856) 793-3105

BENEFICIARY ELECTION FORM

PARTICIPAN	t Informati	ON (required)						
NAM	ME:			(First Name)			(Middle Name)	
ADE	DRESS:	(Number and Street)		(City)		(State)	(Zip Code)	
						()		
DAY	TIME PHONE	NUMBER:		DATE OF BIRTH:				
Soc	CIAL SECURITY	Y NUMBER:						
SINC	GLE 🖵	MARRIED 🗖	Divorced	SPOUSE DEC	EASED 🗖	CANNOT LO	OCATE SPOUSE 🗖	
ДАТ	TE OF MARRI	AGE:		DATE OF]	DIVORCE OR	PASSING:		
As a <u>married</u> onsent of m	<u>participant</u> I y spouse	understand that	this or any future of	designation of b	peneficiary is	valid only w	ith the written, notarized	
			BENEFICI	ARY DESIGNAT	ION			
. Spo	USE AS PRIM	ARY BENEFICIA	RY : I would like m	y spouse to rec	eive my entire	e account ba	lance upon my death.	
Spo	USE NAME:							
ADE	DRESS:	(Last Name)		(First I	Name)		(Middle Name)	
				(City)		(State)	(Zip Code)	
Soc	Social Security Number:					DATE OF BIRTH:		
		NEFICIARY (IES nt beneficiary (i		neficiary should	d die before n	ne, I choose	the person(s) named belo	
ENEFICIAR	Y 1 RELATIO	ONSHIP:	DC)B:	SSN	. <u> </u>	%	
4.01	(Last Name)			(First Name)			(Middle Name)	
		(Number and Street)		(City)		(State)	(Zip Code)	
ENEFICIAR	Y 2 RELATIO	ONSHIP:	DC)B:	SSN:	:	<u>%</u>	
NAM	ME:			(First Name)			(Middle Name)	
ADD	ADDRESS:							
						(State)	(Zip Code)	
		ONSHIP:	DC	/D:	3511	·	70	
NAN	(Last Name)			(First Name)			(Middle Name)	
ADE	DRESS:	(Number and Street)		(City)		(State)	(Zip Code)	
(Partie	cipant's Signature)						(Date Signed)	
(Spou	ıse's Signature)						(Date Signed)	
tate of)						
)SS:						
County of								
)n the	day of		hafara	me came				
Ji the	uay 01		, Ueille	va who avacute	ad the foregoi	na statemen	t before me under oath.	

Notary Public