



# Local Unions Supplemental Pension and Severance Fund Trust

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## BENEFICIARY DESIGNATION / CHANGE FORM

Complete form in its entirety, then fax, email, or return to the address above.

### Member Information – Please Print Clearly

Please indicate if this is:     Designating a Beneficiary             Beneficiary Change

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Beneficiary Designation – Please Print Clearly            P-Primary            C-Contingent

Name	P/C	%	Address	SSN	DOB	Relationship

\*\* Additional Beneficiaries can be added on back. If more than one beneficiary is designated, surviving beneficiaries will receive equal shares, unless otherwise provided herein. Previous beneficiary designations will be replaced with the most current dated designation. If a Will has been created by the member, then account will be paid out according to the Will, not the beneficiaries. \*\*

This beneficiary designation applies to all funding options unless otherwise noted above. I, as a Participant in the Plan, do hereby revoke any previous beneficiary information, and specify the above-named person(s) as beneficiary(ies).

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date