



8. Designation of Beneficiary. Instructions: Give full name of the beneficiary, for example, Georgia M. Smith, not Mrs. Robert Smith. The Primary Beneficiary is the person or persons who will receive any pension benefits due in the event of your death. The Successor Beneficiary is the person or persons who will receive any pension benefits due in the event of the death of both you and the Primary Beneficiary.

You may have as many Primary and Successor Beneficiaries as you wish. You may use an additional sheet of paper to list their names, addresses and relationships. For further information see Articles 7 and 8 of the Plan Booklet.

I hereby designate the following named beneficiary(ies) to receive the amount of pension benefits, if any, payable at my death, under the Rules and Regulations of the National Pension Fund. I reserve the right to revoke and change this designation at any time by giving written notice to the Sheet Metal Workers National Pension Fund in the form designated by the Trustees.

**Name and Address of Primary Beneficiary**

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First	Middle	Last	Relationship
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No. and Street

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City	State	Zip Code
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**Name and Address of Successor Beneficiary**

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First	Middle	Last	Relationship
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No. and Street

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City	State	Zip Code
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9. Proof of Marriage. You must attach a copy of proof of your marriage to the participant to your application. This can be in the form of a marriage certificate or a confidential statement of marriage for the appropriate state agency. If you have remarried since your divorce from the participant, attach proof of that marriage as well.

10. Proof of Age. One of the types of proof of age on the following list must be furnished. Proof as high in order on the list as possible should be submitted if you have it, or it is readily obtainable. For instance, if you have or can readily obtain a birth certificate it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit proof next in order, rather than one low on the list. Additional proof of age may be requested if the document which you submit is not convincing proof.

**You must attach a copy of one of the following proof of age to your application.**

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such records.
6. A Medicare card or Certificate of Social Security Insurance Award, if age or birth date is shown.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record.
10. Immigration papers.
11. Military record.
12. Passport
13. School record, certified by the custodian of such records.
14. Vaccination record, certified by the custodian of such records.
15. An insurance policy which shows age or date of birth.
16. Marriage records showing date of birth or age certified by the custodian of such records.
17. Other evidence such as notarized statement from persons who have knowledge of the date of birth.

**APPLICANT’S STATEMENT OF GOOD FAITH**

You must sign the statement below when submitting the application. Application shall not be considered to be officially filed until this statement is completed.

I hereby apply for my benefits from the Sheet Metal Workers National Pension Fund as established by the Qualified Domestic Relations Order. The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Alternate Payee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

**\*Note that this application cannot be fully processed until an Application has been submitted by the Participant.**