

**LOCAL 295 EMPLOYER GROUP PENSION FUND**  
655 Third Avenue – 12<sup>th</sup> Floor  
New York, NY 10017  
Telephone (212) 308-4200 Fax (212) 308-4545

Received by the Pension Fund:

At \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**CHANGE OF BENEFICIARY FORM**

Issued by the Local 295 Employer Group Pension Fund

Revoking hereby any previous designation which may be inconsistent herewith, I direct that the benefit payable under the provisions of the Pension Fund Plan, in the event of my death, be paid, subject to the provisions of said Pension Fund Plan, and in accordance with the terms thereof as follows:

Beneficiary or Beneficiaries: \_\_\_\_\_

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

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

City / State / Zip Code: \_\_\_\_\_

And the right is reserved to revoke this designation and subject to due notice to the Fund to nominate a new beneficiary.

In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at

\_\_\_\_\_ in the state of \_\_\_\_\_

In the presence of

\_\_\_\_\_  
(Print Witness Name)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Print Employee Name)

Witness cannot be named Beneficiary

**LOCAL 295 EMPLOYER GROUP WELFARE FUND**

655 Third Avenue – 12<sup>th</sup> Floor

New York, NY 10017

Telephone (212) 308-4200 Fax (212) 308-4545

Received by the Welfare Fund:

At \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**CHANGE OF BENEFICIARY FORM**

Issued by the Local 295 Employer Group Welfare Fund

Revoking hereby any previous designation which may be inconsistent herewith, I direct that the benefit payable under the provisions of the Welfare Fund Plan, in the event of my death, be paid, subject to the provisions of said Welfare Fund Plan, and in accordance with the terms thereof as follows:

Beneficiary or Beneficiaries: \_\_\_\_\_

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

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

City / State / Zip Code: \_\_\_\_\_

And the right is reserved to revoke this designation and subject to due notice to the Fund to nominate a new beneficiary.

In witness whereof, I have hereunto subscribed my name this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_ at

\_\_\_\_\_ in the state of \_\_\_\_\_

In the presence of

\_\_\_\_\_  
(Print Witness Name)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Print Employee Name)

Witness cannot be named Beneficiary