

BENEFICIARY DESIGNATION FORM

Southwestern Illinois Laborers' Annuity Fund
100 North 17th Street Belleville, Illinois 62226
(618) 233-4121 (618) 233-4737 [Fax]

UNION MEMBER PERSONAL DETAILS

Last Name	First Name	Middle Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Apt/Unit #	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security #	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address	Local Union No.	Married <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Divorced <input type="checkbox"/>
		Single <input type="checkbox"/>

PRIMARY DEATH BENEFIT BENEFICIARY DETAILS

Last Name	First Name	Middle Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Apt/Unit #	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email Address
<input type="text"/>	<input type="text"/>

Please list all Alternative Beneficiaries below. Funds will be split equally between all listed Alternative Beneficiaries if the Primary Beneficiary is pre-deceased or divorced from me.

ALTERNATIVE BENEFICIARY IF PRIMARY BENEFICIARY PRE-DECEASED OR IS DIVORCED FROM ME

Last Name	First Name	Middle Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Apt/Unit #	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email Address
<input type="text"/>	<input type="text"/>

ALTERNATIVE BENEFICIARY #2

Last Name	First Name	Middle Name	Relationship

Home Address	Apt/Unit #	City	State	Zip code

Phone	Email Address

ALTERNATIVE BENEFICIARY #3

Last Name	First Name	Middle Name	Relationship

Home Address	Apt/Unit #	City	State	Zip code

Phone	Email Address

ALTERNATIVE BENEFICIARY #4

Last Name	First Name	Middle Name	Relationship

Home Address	Apt/Unit #	City	State	Zip code

Phone	Email Address

Date (Month, Day, Year)

Signature in Ink - Use FULL Name

Spousal Consent to Waive Qualified Pre-Retirement Survivor Annuity

If the primary beneficiary named above is not your current spouse, then you and your current spouse must sign, notarize and return a Waiver of Qualified Preretirement Survivor Annuity Form. Please contact the Fund Office for a copy of this form or print the form from the Fund's website at www.swilaf.org.