



PENSION CHANGE OF BENEFICIARY FORM

District No. 9
I. A. of M. & A. W. Pension Trust
12365 St. Charles Rock Road
Bridgeton, MO 63044

SEE INSTRUCTIONS ON REVERSE SIDE

ENDORSEMENT REPORT

Employer	Group No.	Certificate No.	Date of this Report
Employee Name		Social Security No.	

NAME CHANGE:

If you are currently receiving a Pension benefit, you must include a copy of your marriage certificate or court document showing the reason for the change.

The name of the above Participant should be changed to:

Last Name	Own First Name	Initial
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REASON: Marriage Court Order Other (Specify) _____

Date Completed	City and State	Signature of Participant
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BENEFICIARY CHANGE: IF ADDITIONAL SPACE NEEDED-USE ADDITIONAL FORM

Under and subject to the terms of the above numbered Group Policy, I hereby annul and revoke any former Designation of Beneficiary by me made, and I now designate my Beneficiary or Beneficiaries as indicated below.

Name of Primary Beneficiary			Type	Relationship To Me		Birthdate	
Last Name	Given First Name	Initial	Primary	Spouse	Child		
Social Security #	Address					Parent	Other*

Name(s) of Additional Beneficiary			Type	Relationship To Me		Birthdate	
Last Name	Given First Name	Initial	Primary	Spouse	Child		
Social Security #	Address					Parent	Other*

Name(s) of Additional Beneficiary			Type	Relationship To Me		Birthdate	
Last Name	Given First Name	Initial	Primary	Spouse	Child		
Social Security #	Address					Parent	Other*

* If Relationship is "Other", Explain and Give Address

REMARKS:

Date Completed	City and State	Witness (Other than Beneficiary)	Signature of Participant
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INSTRUCTIONS

Change of Name and Change of Beneficiary frequently occur at the same time, thus both are combined so that one or more of these important changes are not overlooked. It is necessary that the Participant's name and his Social Security Number be completed at the top of the page.

If two or more beneficiaries are to share jointly, show the first beneficiary on the front of this form in the block titled "Name of Primary Beneficiary". Enter the additional primary beneficiary(ies) in the block titled "Name(s) of Additional Beneficiary". Check the appropriate box in the blocks titled "Type" (Primary) and "Relationship to Me" and complete the blocks titled "Birthdate" and "Social Security Number".

If you wish to designate more than one beneficiary and the additional beneficiary(ies) are to be secondary to the interest of the first (primary) beneficiary, enter the name of the primary beneficiary and the relationship as explained in the first paragraph. For each additional beneficiary designation, follow the instructions outlined in the first paragraph for completion of additional beneficiary designations except check the box labeled "Secondary" (meaning the same as a contingent beneficiary).

The Signature of the insured must be in ink and appear exactly as the name is given in the Certificate, except that if the insured is a woman and has changed her name by marriage since the Certificate was issued, add her husband's surname to her name as given in the Certificate. Enter the date signed on this Form.

The person acting as a witness to signature of the insured must sign on the line above the word "Witness". If the proposed Beneficiary is a married woman, fill in her own given first and middle names, not those of her husband.

* An acknowledgement of the change will be returned to the Administrator of the Group Policy to give the insured for attachment to his certificate.

If a Change of Beneficiary is desired in connection with more than one Certificate, complete a separate application for Change of Beneficiary for each Certificate.

IT IS NECESSARY THAT THE PARTICIPANT'S SIGNATURE APPEARS ON THIS FORM IN THE DESIGNATED PLACES. ALSO, A WITNESS' SIGNATURE OTHER THAN THE BENEFICIARY IS NEEDED TO COMPLETE THE CHANGES.

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