



IRON WORKERS'

Tri-State Welfare Fund

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 Schaumburg, Illinois 60173
 Toll Free 844-395-4467
 Fax 855-978-2331
 www.tristatewelfarefund.com
 tristateiron@groupadministrators.com



BENEFICIARY DESIGNATION FORM

I. Information about you

Name	Social Security Number
Address	Date of Birth
City, State, Zip	

II. Ironworkers Tri-State Welfare Fund Death Benefit (Applies to Participants of Locals 111, 112, 380, 444, and 498)

Please indicate below the beneficiary who will receive any applicable death benefit from Ironworkers Tri-State Welfare Fund upon your death:

Last Name:	First Name:	Middle:
Beneficiary Address:		Relationship:

Participant Certification

I hereby certify that the above information is true and complete and designate the beneficiary noted above to receive any applicable benefits payable following my death.

Signature

Date