

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS  
BENEFIT FUNDS  
PENSION – WELFARE – ANNUITY – LEGAL – TRAINING  
**LOCAL 60**

Union Trustees  
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Employer Trustees  
John Cooney Jr.  
George Pacchiana

**BENEFICIARY DESIGNATION FORM**  
**FOR NON-MARRIED PENSION APPLICANTS**

PENSION APPLICANT'S NAME \_\_\_\_\_

SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

To The Board of Trustees:

I hereby designate the following person(s), in the event of my death as my named beneficiary to receive the remaining balance, if any, of the sixty (60) month pension benefit.

NAME OF BENEFICIARY: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In the event my named beneficiary does not survive me, I hereby designate the following person as my contingent beneficiary.

NAME OF CONTINGENT BENEFICIARY: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Signature of Pension Applicant: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date