

WESTCHESTER PUTNAM COUNTIES HEAVY & HIGHWAY LABORERS

BENEFIT FUNDS

PENSION - WELFARE - ANNUITY - LEGAL - TRAINING

LOCAL 60

140 BROADWAY

HAWTHORNE, N.Y. 10532

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Anthony Ascencao
Michael Moreira
Jacinto Fragoso

Employer Trustees
Ross Pepe
George Pacchiana



BENEFICIARY DESIGNATION FOR
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 _____

ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

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

NAME OF CONTINGENT BENEFICIARY _____

ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

Signature of pension Applicant: _____

Witness

Date