
PAINTERS INSURANCE, PENSION & VACATION FUNDS

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GREGORY J. KAZMIERSKI ~ ADMINISTRATOR

BENEFICIARY DESIGNATION

Regarding any amount that **may be** payable under the above-referenced **Pension Fund** by reason of my death, I hereby designate the following beneficiary:

_____, is hereby named as the beneficiary of my death benefit if any. Relationship to Member _____

Social Security Number ____ - ____ - ____ Birth Date _____

Address _____ Phone # _____

I hereby designate the following contingent beneficiary if the above primary beneficiary does not survive me. _____ Relationship _____

Social Security Number ____ - ____ - ____ Birth Date _____

Address _____ Phone # _____

This designation supersedes all prior designations and shall remain effective until superseded by a subsequent designation.

Member's name (please print) Member's signature

Current Phone Number _____

Social Security Number: ____ - ____ - ____

Dated _____

Date received: _____ by: _____

Administrator

