

SHEET METAL WORKERS' LOCAL NO. 292 ANNUITY FUND

Street Address: 700 Tower Drive, Suite 300, Troy, MI 48098

Mailing Address: P.O. Box 189, Troy, MI 48099-0189

Phone: 248-641-4992; Toll Free: 888-646-6565

PARTICIPANT DATA CARD

(to be completed by all participants)

Name _____ Social Security No. (last four digits) _____
Last Name First Name MI

Address _____

Street City State ZIP code

Date of Birth _____ Month Day Year

BENEFICIARY DESIGNATION

I hereby designate as my beneficiary/beneficiaries the following person(s) to receive any benefits that may be payable to a beneficiary under the terms of the Fund's Plan in the event of my death. I understand that this beneficiary designation cancels and replaces all previous designations I may have made. Further, I understand that this designation is automatically cancelled if I am or become legally married, at which time my spouse will automatically become my beneficiary. Further, I understand that a qualified domestic relations order which be entered in a divorce or separation proceeding may override the provisions of this form. Further, I understand that if I name more than one person, any benefits payable to the beneficiaries shall be paid in equal shares. Finally, I understand that if my beneficiary(ies) predeceases me, and I fail to designate another, or if my beneficiary(ies) cannot be located, any benefits payable on my behalf will be paid based on the order of beneficiaries in the Plan.

THIS FORM MUST BE RECEIVED BY THE FUND OFFICE PRIOR TO THE DEATH OF THE PARTICIPANT TO BE EFFECTIVE.

Name Address SS# (last 4 digits) Relationship

1. _____

2. _____

3. _____

YOUR

SIGNATURE

Except for your signature, please clearly print or type all information on this Form. Please return this Form to the Fund Office at the address listed above.