



LEAGUE-ATPAM PENSION FUND
140 SYLVAN AVENUE – SUITE 303, ENGLEWOOD CLIFFS, NJ 07632
PHONE 800-365-0082 ♦ FAX 201-592-8328

BENEFICIARY DESIGNATION

Participant's Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone #: () _____ - _____ Social Security No: _____ - _____ - _____

I HEREBY DESIGNATE the following individual(s) as my beneficiary:

Designated Beneficiary: _____
(Print Name of Beneficiary)

Relationship: _____ Birth Date: _____/_____/_____
Month Day Year

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone #: () _____ - _____ Social Security No: _____ - _____ - _____

If you want to divide your benefit between two or more beneficiaries, please attach an additional page including the above information for the additional beneficiary or beneficiaries.

If my designated beneficiary dies before me, my alternate beneficiary shall be:

Designated Alternate Beneficiary: _____
(Print Name of Beneficiary)

Relationship: _____ Birth Date: _____/_____/_____
Month Day Year

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Telephone #: () _____ - _____ Social Security No: _____ - _____ - _____

(Signature)

(Date)