



**INDIANA STATE COUNCIL OF PLASTERERS AND
CEMENT MASONS BENEFIT FUNDS**

P.O. Box 47489, Indianapolis, IN 46247
Ph: (219) 255-9692 Fax (219) 255-9693
Email: support@plcmfunds.org

BENEFICIARY DESIGNATION FORM

Please complete this Beneficiary Designation below and return to the Fund Office if:

- 1) You are married and wish to designate your Spouse as beneficiary for this Pension Fund, or
- 2) You are not married, and wish to designate a beneficiary(s) to receive a Death Benefit prior to retirement.

If you are married and wish to designate a beneficiary other than your spouse, please contact the Fund Office and request a Non-Spouse Beneficiary Form.

BENEFICIARY DESIGNATION
(Please print in ink.)

MEMBER INFORMATION

Member's Name

Social Security Number

Member's Address

City

State

Zip

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Member's Email Address

Phone No. (Home)

Phone No. (Mobile)

Member's Birthday

BENEFICIARY INFORMATION

Beneficiary's Name

Relationship

Beneficiary's Address

City

State

Zip

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Beneficiary's Email Address

Phone No. (Home)

Phone No. (Mobile)

Beneficiary's Birthday

Beneficiary's Social Security Number

Member's Signature

Date

Return completed form to:

Indiana State Council of Plasterers and
Cement Masons Pension Fund
P O BOX 47489
Indianapolis, IN 46247