



# IRON WORKERS'

## Tri-State Welfare Fund

20 N. Martingale Road, Suite 290  
 Schaumburg, IL 60173  
 Toll-Free: 844-395-4467  
 Fax: 855-978-2331  
[www.tristatewelfarefund.com](http://www.tristatewelfarefund.com)  
[tristateiron@groupadministrators.com](mailto:tristateiron@groupadministrators.com)

### BENEFICIARY DESIGNATION FORM

#### Information about you

Name	Social Security Number
Address	Date of Birth
City, State, Zip	

#### Ironworkers Tri-State Welfare Fund Death Benefit

(Applies to Participants of Locals 111, 112, 380, 444, and 498)

Please indicate below the beneficiary who will receive any applicable death benefit from Ironworkers Tri-State Welfare Fund upon your death:

Last Name:	First Name:	Middle:
Beneficiary Address:		Relationship:

#### Participant Certification

I hereby certify that the above information is true and complete and designate the beneficiary noted above to receive any applicable benefits payable following my death.

Signature	Date
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