

PENSIONER BENEFICIARY FORM

IF YOU SELECTED THE **REGULAR PENSION OPTION, THE TEN-YEAR CERTAIN OPTION OR THE SOCIAL SECURITY OPTION**, YOU MUST COMPLETE THE FOLLOWING BENEFICIARY DESIGNATION FORM. IF, AFTER YOU RETIRE, YOU WISH TO CHANGE YOUR BENEFICIARY, YOU SHOULD CONTACT THE FUND OFFICE AND ANOTHER FORM WILL BE FORWARDED TO YOU FOR THIS PURPOSE.

To the Board of Trustees:

I hereby designate as my beneficiary to receive any benefits that may be payable after my death or my spouse's, if any, under the Pension Plan, the following:

BENEFICIARY:

Name

Relationship

Address

City

State

Zip

I hereby designate as my second beneficiary (CHECK ONE):

_____ (A) Jointly with the above beneficiary.

_____ (B) Only if the above beneficiary is not alive after my death.

BENEFICIARY (Second Choice):

Name

Relationship

Address

City

State

Zip

Date

Signature of Pensioner

Social Security No.

MAIL TO:

B&C International Pension Fund
10401 Connecticut Avenue, Suite 310
Kensington, MD 20895-3960