

BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL PENSION FUND
10401 Connecticut Avenue, Kensington, MD 20895-3960 (301) 468-3742

P-PLAN BENEFICIARY FORM

If you are covered by P-Plan you should designate a beneficiary(ies) to receive the balance in your **P-Plan Death Benefit Account** upon your death.

To the Board of Trustees: I hereby designate as my beneficiary(ies) to receive any benefits that may be payable after my death under the P-Plan Death Benefit Account, the following:

BENEFICIARY (First Choice):

Last Name, First Name	
Address	
City, State, ZIP	
Telephone	Email Address (optional)
Relationship	

I hereby designate as my second beneficiary (Select one). If you do not select A or B, it will be paid Jointly.

(A) Jointly with the above Beneficiary. (B) Only if the above beneficiary is not alive after my death.

BENEFICIARY (Second Choice):

Last Name, First Name	
Address	
City, State, ZIP	
Telephone	Email Address (optional)
Relationship	

I reserve the right to revoke and change this designation at any time by giving written notice on the form prescribed by the Trustees.

Social Security Number	Pension Number
Printed Name of Pensioner	Phone Number
Date (dd/mm/yyyy)	Signature