BAC LOCAL UNION 15 PENSION FUND

PO Box 909500, Kansas City, MO 64190-9500 (816) 777-2668 Toll Free (833) 479-9428

| Last Name | | | | I Time! | Name in Full | | M: al all. | | ··· | 413-34 |
|--|---|--|--|---------------------------------------|-------------------|---|-----------------------|-------------------------------|------------------------------|--------|
| Last Name | | | | | t Name in Full | Mildui | Middle Name in Full | | | |
| Home Address | | | | City and State | | | | Zip Code | | |
| Social Security | No. | l Date Employee Joined Unior | | Cell Phone No. | | Home Telep | l me Telephone No. | | | |
| | | | | | | | | | | |
| Date of Birth | | | Marital Status | | Sex | | Email Address | | | |
| Month | Day | Year | □Married □Di | | □Male | | | | | |
| | | | □Single □Wi | dowed | □Female | | | | | |
| | | | Signat P | | ENEFICIARY CA | RD | Con | ī nplete back | Date of card ³ | ₹ |
| PENSION BENEFICIARIES Name Social Security No. Address | | | | | | | | Date of Birth Month Day Year | | |
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| beneficiary(ies) If you are desig designation to I I am the spouse | will also require spou nating a beneficiary be valid. of the participant nan | isal consent if he (ies) other than you | /she is not designa our legal spouse, y f this card. I am volu | nted. nour spouse's ntarily waiving | signature must be | By submitting this form, you act e notarized or witnessed by a F enefits otherwise due to me as the select different beneficiaries without | Plan Repres | entative in or | der for yo | our |
| Signature of Spouse | | | | | | | | Date | | |
| Signature of Notary or Plan Representative | | | | | | | | [| Date | |