

Beneficiary Designation Form

Certain mineworker pensions may be eligible for a lump sum death benefit payment. This form allows mineworkers to name the person that they want to receive the death benefit.

MINE WORKER NAME: _____

SOCIAL SECURITY NUMBER: _____

*Please print the following information for your primary beneficiary: **Please note that the death benefits cannot be split among several beneficiaries. Please name only one primary and one contingent beneficiary.***

NAME OF PRIMARY BENEFICIARY (FIRST, MIDDLE INITIAL, LAST)

RELATIONSHIP

SSN OR EIN OF PRIMARY BENEFICIARY (Required)

ADDRESS OF PRIMARY BENEFICIARY

CITY, STATE, ZIP CODE OF PRIMARY BENEFICIARY

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

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Please print the following information for your contingent beneficiary. The contingent beneficiary will receive the death benefit only if the beneficiary named above dies before you.

NAME OF CONTINGENT BENEFICIARY (FIRST, MIDDLE INITIAL, LAST)

RELATIONSHIP

SSN OR EIN OF CONTINGENT BENEFICIARY (Required)

ADDRESS OF CONTINGENT BENEFICIARY

CITY, STATE, ZIP CODE OF CONTINGENT BENEFICIARY

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

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This form must be signed by the mine worker and must bear the signature of a witness. If the form is signed by any other individual, a copy of the document authorizing you to act on the mine worker's behalf (power of attorney or guardianship paper) must accompany this form.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

