PLUMBERS AND FITTERS LOCAL NO 110
ANNUITY TRUST FUND
Administered by Southern Benefit Administrators, Inc.

Mailing Address:
5305 Virginia Beach Boulevard
Norfolk, VA 23502

Telephone: (757) 461-8091
Fax: (757) 461-2920

ANNUITY BENEFICIARY DESIGNATION FORM

Name: _____ Soc. Sec. Number: _____
Address: _____
Date of Birth: _____ Marital Status: _____

Primary Beneficiary Name*: _____ Relationship: _____

Social Security No:_____

Address (if different): _____

Contingent Beneficiary: _____ Relationship: _____

Social Security No:_____ Percentage: _____

Address (if different): _____

Contingent Beneficiary: _____ Relationship: _____

Social Security No:_____ Percentage: _____

Address (if different): _____

Signature: _____ Date: _____

*If you are married and designate someone other than your spouse as your primary beneficiary, your spouse must consent by signing below, and their signature must be witnessed by a Notary Public. Otherwise this section does not need to be completed.

I herby acknowledge the above beneficiary designation.

Spouse's Signature: _____ Date: _____

Executed by the above named parties in my presence this _____ day of _____, _____

Notary Public: _____

Notary for the state of: _____, County of: _____ My commission expires _____.