

**NATIONAL ELEVATOR INDUSTRY PENSION PLAN  
DESIGNATION FORM FOR PRE-RETIREMENT DEATH-IN-SERVICE BENEFIT  
FOR DESIGNATED BENEFICIARY OF AN UNMARRIED ACTIVE MEMBER  
(Only to be used for unmarried active participants in electing a beneficiary for pre-retirement benefit)**

(Please type or print in ink – Complete entire form)

Employee Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birth Date \_\_\_\_\_ Hire Date \_\_\_\_\_ Union Local No. \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**BENEFICIARY INFORMATION**

**PRIMARY BENEFICIARY (One Person only - may not be an Estate or a Trust)**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relation to Employee \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

**ALTERNATE BENEFICIARY (One Person only – In the event the Primary Beneficiary Predeceases the Employee)**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relation to Employee \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

I swear or affirm that I am unmarried and hereby designate the above to be beneficiary of the pre-retirement benefit due from the National Elevator Industry Pension Plan. This designation revokes any prior designation inconsistent herewith. I understand that this designation is not effective unless this form is properly completed and received by the NEI Benefits Office. I reserve the right to change the beneficiary at my discretion and understand that any change is not effective unless this form is properly completed and received by the NEI Benefits Office. **I understand that only one person can be named to receive this benefit, that I cannot name an Estate or Trust to receive this benefit and that this form becomes invalid if I subsequently marry.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Sworn to or affirmed and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Complete and Return Immediately to the National Elevator Industry Benefits Office at:  
19 Campus Blvd., Suite 200  
Newtown Square, PA 19073-3288

**PRE-RETIREMENT DEATH IN SERVICE BENEFIT FOR  
BENEFICIARY OF UNMARRIED ACTIVE MEMBERS**

This form is needed to ADD or CHANGE a beneficiary for the Pre-Retirement Death In Service Benefit for Unmarried Active Members. The Pension Plan provides that if an unmarried active member dies prior to retirement and is vested in the Plan, his or her surviving designated beneficiary will receive an annuity equal to 50% of the deceased member's accrued benefit for a period of 10 years or until the death of the beneficiary, whichever occurs first. The benefit will be calculated as if the member retired on a Normal Retirement Benefit in the Straight Life form.

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**COMPLETION FORM GUIDELINES**

- Complete this entire form
- This form must be notarized and received by the NEI Benefits Office to be effective.

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ANY PERSON WHO FILES THIS FORM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY LOSE NEI BENEFITS.