

THE NATIONAL ELEVATOR INDUSTRY PENSION AND HEALTH BENEFIT PLANS
 19 Campus Blvd. Suite 200
 Newtown Square, Pa. 19073-3288
 (800)523-4702

RETIRED EMPLOYEE CHANGE OF BENEFICIARY FORM

NAME OF
 RETIREE

Last First Middle Soc.Sec.No. _____

I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding and desire that this designation shall operate so as to revoke any and all designations of beneficiaries previously made by me.

Name _____ Soc. Sec. No. _____ Address _____ Date of Birth _____ City _____ State _____ Zip _____ Relation to Retiree _____ Share _____	Name _____ Soc. Sec. No. _____ Address _____ Date of Birth _____ City _____ State _____ Zip _____ Relation to Retiree _____ Share _____
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The ADMINISTRATOR of said PLANS shall not be obliged to inquire into the sum payable to a beneficiary by reason of my death and shall not be chargeable with knowledge of the Beneficial Designation. Payment to and receipt by the Beneficiary shall fully discharge all liability of said ADMINISTRATOR.

 SIGNATURE OF SPOUSE, IF MARRIED **OR** WITNESS, IF SINGLE

 DATE

 SIGNATURE OF RETIRED EMPLOYEE

 DATE

* The witness CANNOT be the recipient of the death benefit

IMPORTANT INFORMATION

This form of Change of Beneficiary should be used only in connection with designations covering a Retired Employee as defined under the NEI Pension Plan. It is effective for the death benefit payable under the NEI Pension Plan as well as the life insurance benefit payable under the NEI Health Benefit Plan to eligible Disability Retirees in receipt of a Disability Pension under the age of 65. If a mistake is made, no erasures or corrections should be attempted, but a new form should be used. The printed material on the form should not be deleted or altered in any way. If more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the pensioner unless otherwise provided.