

**NATIONAL ELEVATOR INDUSTRY PENSION PLAN
FORM FOR DESIGNATING PRE-RETIREMENT DEATH-IN-SERVICE BENEFICIARIES
(Only to be used for unmarried active participants)**

Use this Form to ADD or CHANGE Primary Beneficiary(ies) and/or Alternate Beneficiary(ies) 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(ies) 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(ies), whichever occurs first. The benefit will be calculated as if the Member retired on a Normal Retirement Benefit in the Straight Life form.

(Please type or print)

Employee Name _____ Soc. Sec. No. ____ - ____ - _____

Address _____ Phone No. _____

City _____ State _____ Zip Code _____

Birth Date _____ Hire Date _____ Union Local No. _____

(May not be an Estate or a Trust)

PRIMARY BENEFICIARY #1 INFORMATION*			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	
ALTERNATE BENEFICIARY #1 INFORMATION*			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	

* If you wish to designate more than one Primary Beneficiary and/or one Alternate Beneficiary, please list those additional Beneficiaries on page 2 of this Form. You must indicate the Share percentage for each Beneficiary.

I swear or affirm that I am unmarried and hereby designate the above to be beneficiary(ies) of the Pre-Retirement Death-In-Service Benefit due from the National Elevator Industry Pension Plan. This designation revokes any prior designation(ies) 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(ies) at my discretion and understand that any change is not effective unless this form is properly completed and received by the NEI Benefits Office. If more than one beneficiary is named, payment shall be made to each in equal shares unless otherwise indicated in Share %'s. The total of all Share %'s must equal 100. **I understand 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

Completed Form must be mailed to: NEI Pension Plan, 19 Campus Blvd., Suite 200, Newtown Square, PA 19073-3288

LIST ANY ADDITIONAL PRIMARY BENEFICIARIES BELOW

PRIMARY BENEFICIARY #2 INFORMATION			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	
PRIMARY BENEFICIARY #3 INFORMATION			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	

LIST ANY ADDITIONAL ALTERNATE BENEFICIARIES BELOW

ALTERNATE BENEFICIARY #2 INFORMATION			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	
ALTERNATE BENEFICIARY #3 INFORMATION			
Name		Soc. Sec. #	
Street Address		Date of Birth	
City		State	Zip code
Relation to Employee	Telephone No.	Share %	

INSTRUCTIONS

- Complete this entire form.
- This form must be notarized and received by the NEI Benefits Office prior to your death to be effective. **ORIGINAL COMPLETED FORM MUST BE MAILED. NO EMAIL OR FAX.**
- At your discretion, you may name more than one Primary Beneficiary and/or more than one Alternate Beneficiary. **BE CAREFUL TO ONLY LIST YOUR ADDITIONAL PRIMARY BENEFICIARIES IN THE BOXES WITH THE HEADINGS “PRIMARY BENEFICIARY INFORMATION.”** You may list as many as three (3) Primary Beneficiaries and three (3) Alternate Beneficiaries using this form. If you wish to designate more than three (3) Primary Beneficiaries or more than three (3) Alternate Beneficiaries, you should submit multiple beneficiary forms together with the same signature date, and you must indicate the Share percentage for each Beneficiary.
- **Primary Beneficiary:** Your Primary Beneficiary(ies) is/are your first choice to receive the Pre-Retirement Death-In-Service Benefit. If you name more than one Primary Beneficiary and if one of your Primary Beneficiaries dies, the benefit due will be allocated proportionately among your surviving Primary Beneficiaries.
- **Alternate Beneficiary:** Your Alternate Beneficiary(ies) is/are your second choice to receive the Pre-Retirement Death-In-Service Benefit. If your Primary Beneficiary(ies) is/are not living at the time of your death, your Alternate Beneficiary(ies) will receive the Pre-Retirement Death-In-Service Benefit.

If: (1) your Primary Beneficiary(ies) is/are not living at the time of your death, (2) you name more than one Alternate Beneficiary, and (3) one of your Alternate Beneficiaries dies, the benefit due will be allocated proportionately among your surviving Alternate Beneficiaries

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.