BAC Local 3 NY Ithaca Chapter
Fund Office Beneficiary Form

605 W. State St Suite 4
Ithaca, NY 14850
ashleyt@bac3ny.com

*The Union and The International Pension Fund require a different form for their beneficiary designation. This form only updates your Ithaca Benefit Plan beneficiaries.

(PLEASE PRINT, COMPLETE ALL SECTIONS, SIGN, AND DATE)

Participant Name: _____

SSN: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Marital Status: M S D W (Circle One) If divorced, proof must be provided.

Spouse Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

If you are married, your Pension and 50 % of your Annuity Beneficiary must be your spouse
Additional forms need to be completed to add your spouse as a dependent

Beneficiary Info.	Same For All Three Funds	Welfare Beneficiary	Pension Beneficiary	Annuity Beneficiary
Name				
Address				
DOB				
SSN				
Phone				
Email				
Relationship to You				

Participant Signature: _____ Date: _____

If you are making changes to your beneficiary designation(s), this card will replace any previous designation(s).