

S.E.I.U. NATIONAL INDUSTRY PENSION FUND

CENSUS CARD

11 DUPONT CIRCLE, N.W., SUITE #: 900, WASHINGTON, D.C. 20036-1202

EMPLOYEE INFORMATION

(Employee Name: LAST FIRST M.I.) (Social Security Number)

(Employee Address) (City / State / Zip Code)

(Date of Birth (Month/Day/Year)) (Date of Hire)

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED

(Employer Name)

(Employer Address: Number and Street) (City / State / Zip Code)

BENEFICIARY DESIGNATION

Please complete one of the three sections below:

1. Single Participants: If you are single, list below the name of the person you wish to receive benefits on your behalf in the event of your death:

_____ (Name)	_____ (Social Security Number)
_____ (Birthdate: Month/Day/Year)	_____ (Relationship)
_____ (Beneficiary Address: Number and Street)	_____ (City / State / Zip Code)
_____ (Name)	_____ (Relationship)
_____ (Birthdate: Month/Day/Year)	_____ (Social Security Number)
_____ (Beneficiary Address: Number and Street)	_____ (City / State / Zip Code)

2. Married Participants: If you are married and naming your spouse as beneficiary, complete this section:
(Also, See Reverse Side)

_____ (Spouse Name)	_____ (Social Security Number)
_____ (Spouse Birthdate Month / Day / Year)	

THIS SUPERSEDES ANY DESIGNATION OF BENEFICIARY FORM PREVIOUSLY SUBMITTED.

(EMPLOYEE SIGNATURE)

(THE DATE THIS FORM IS SIGNED)

SPOUSAL CONSENT FORM
S.E.I.U. NATIONAL INDUSTRY PENSION FUND

3. MARRIED PARTICIPANTS: If you are married and want to name someone other than or in addition to your spouse as beneficiary, **you and your spouse must sign this section. You must have this form notarized or witnessed by a Plan Representative.** If you are unable to locate your spouse, contact the Benefit Funds Office for Instructions at 1-800-458-1010 or by email at Benefitfundinfo@seiufunds.org.

(Employee Name)

(Date)

(Employee Signature)

(Spouse Name)

(Date)

(Spouse Signature)

Instead of or in addition to your spouse, your beneficiaries are:

(Name)

(Relationship)

(Social Security Number)

(Date of Birth)

(Name)

(Relationship)

(Social Security Number)

(Date of Birth)

State of _____

County of _____

On the _____ day of _____, 20_____

before me came _____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same _____

(Notary Public or Plan Representative)

(Notary Seal)