

**District Council #82
Painting Industry
Pension Plan**


WILSON-McSHANE CORPORATION

3001 Metro Drive - Suite 500
Bloomington, MN 55425
(952) 854-0795

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**Detach here and mail to:
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Painting Industry Pension Plan**

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BENEFICIARY DESIGNATION FORM

Participant Information:

First

Middle

Last

Participant Information:

Street Address

City

State

Zip

Social Security Number: _____

Birth Date: _____

Please complete the back of this card to designate your beneficiary. This beneficiary designation may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator. This designation form supersedes any previously filed designation form (including with The St. Paul Painting Industry Pension Plan and The Minneapolis Painting Industry Pension Plan).

Signature of Participant: _____

Date: _____

If you are married and you have NOT elected your spouse as primary beneficiary, your spouse must sign this form which waives her rights to the pension in the presence of a notary.

Signature of Spouse: _____

Date: _____

Notary Public Signature: _____

Date Commission Expires _____

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BENEFICIARY DESIGNATION

Beneficiary(ies)

1.	_____ Name	_____ Relationship	_____ Social Security No.	_____ Date of Birth
	_____ Street Address	_____ City	_____ State Zip	_____ Percent
2.	_____ Name	_____ Relationship	_____ Social Security No.	_____ Date of Birth
	_____ Street Address	_____ City	_____ State Zip	_____ Percent
3.	_____ Name	_____ Relationship	_____ Social Security No.	_____ Date of Birth
	_____ Street Address	_____ City	_____ State Zip	_____ Percent
4.	_____ Name	_____ Relationship	_____ Social Security No.	_____ Date of Birth
	_____ Street Address	_____ City	_____ State Zip	_____ Percent

Please contact the Fund Administrator if more than four (4) beneficiary designations.

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