

# NORTHERN ILLINOIS ANNUITY FUND

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Website: [www.niannuityfund.com](http://www.niannuityfund.com)

Administered by  
Welfare & Pension Administration Services, Inc.

## DESIGNATION OF BENEFICIARY FORM

### EMPLOYEE'S INFORMATION

(Please Print or Type)

NAME: \_\_\_\_\_ EMPLOYEE'S SS#: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMPLOYEE'S ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I, \_\_\_\_\_, name the following as my beneficiary to receive my account balance, if any, after my death.  
EMPLOYEE'S NAME

#### PRIMARY BENEFICIARY

*IF YOU ARE MARRIED AND DO NOT NAME YOUR SPOUSE AS PRIMARY BENEFICIARY, YOUR SPOUSE **MUST** SIGN THIS FORM (BELOW) IN FRONT OF A NOTARY PUBLIC*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

#### ALTERNATIVE BENEFICIARY (IF PRIMARY BENEFICIARY PRE-DECEASES ME)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

***I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below.***

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

#### SPOUSAL ACKNOWLEDGEMENT OF BENEFICIARY (MUST BE SIGNED BEFORE NOTARY PUBLIC)

I, \_\_\_\_\_ swear that I am the legal spouse of the aforementioned employee. I understand that by signing this document I am consenting to \_\_\_\_\_ being named as my spouse's primary beneficiary entitled to receive the benefits due from the Northern Illinois Annuity Fund in the event of his/her death.

SPOUSE'S SIGNATURE: \_\_\_\_\_

State of \_\_\_\_\_ )

) SS

County of \_\_\_\_\_ )

#### NOTARY PUBLIC

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this document and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (SEAL)

\_\_\_\_\_ My commission expires \_\_\_\_\_

NOTARY PUBLIC SIGNATURE