



American Federation of Musicians & Employers' Pension Fund  
One Penn Plaza, Suite 3115, New York, New York 10119  
Phone: (212) 284-1200 Toll Free Phone: (800) 833-8065  
Fax: (212) 284-1300 Website: [www.afm-epf.org](http://www.afm-epf.org)

® GCIU 243C

## Pre-retirement Death Benefit Beneficiary Designation Form

The beneficiary designations you make on this form will be used only for a Pre-retirement Death Benefit. A Pre-retirement Death Benefit is a benefit that may be payable if you die:

- after you are vested in your pension benefit and before your initial pension begins, or
- after your initial pension benefit begins, but before your normal retirement age (generally age 65). In this case, the Pre-retirement Death Benefit will be based only on the pension benefits that have not yet begun to be paid to you – that is, those benefits you earn *after* your initial pension benefit begins.\*

If the Fund Office does not have a complete beneficiary form for you on file (or there is no living primary or alternate designated beneficiary) on the date of your death, no Pre-retirement Death Benefit will be payable unless you are legally married at the time of your death. The beneficiary or beneficiaries that you designate on this form will not receive a benefit upon your death in any circumstances if you are legally married to an opposite-sex spouse at the time of your death, in which case your spouse will automatically be your beneficiary. Details concerning Pre-retirement Death Benefits can be found in the *Summary Plan Description – 2005*.

You may designate up to 3 individuals (or if greater, the number of your natural children or children placed for adoption) as primary beneficiaries, and an additional 3 individuals as alternate beneficiaries (or if greater, the number of your natural children or children placed for adoption), to share in your Pre-retirement Death Benefit. Alternate beneficiaries will receive the benefit only if all primary beneficiaries are deceased when benefits become payable. A trust or an estate cannot be designated as a beneficiary. If you want to name a minor child as a beneficiary, special rules apply; see the next page for details. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you.

### Please remember to notify the Fund if:

- You or one of your beneficiaries has a change of address, or
- Your marital status changes due to **marriage, divorce, or death** before you begin to receive your pension. Please provide the Fund with all official documents, such as a marriage certificate or a copy of your complete divorce decree including any property settlement, reflecting the change to your marital status. Note that any beneficiary designations you made before your change in marital status will remain in place until you change them and are not automatically affected by your change in marital status. (However, as explained above, if you marry, your beneficiary designations are disregarded and your spouse is automatically treated as your primary beneficiary, unless you marry a same-sex spouse and there is a living designated primary or alternate beneficiary on the date of your death.)

This form is available on the Fund's website at [www.afm-epf.org/forms.cfm](http://www.afm-epf.org/forms.cfm). It must be printed, signed and submitted in hard copy to the Fund office.

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\* Any survivor benefit that may be payable with respect to your initial pension benefit (known as a Post-Retirement Death Benefit), and the beneficiary of that survivor benefit, if any, will depend on the elections that you made when your initial pension benefit began and on your marital status at that time.

## Instructions for naming a minor child as a beneficiary

Pension benefits may not legally be paid directly to a person under the age of 18 ("minor"). Instead, the Fund would be required to pay any survivor benefit to a custodial account under the Uniform Transfer to Minors Act (UTMA) until the minor reaches age 18.

If a survivor benefit becomes payable to a minor, the Fund will make payment to the custodian of a properly structured custodial account in the state where the minor resides or under a New York State UTMA. Each state has different regulations regarding this type of account. We recommend that you consult your financial advisor or a financial institution for more information concerning an UTMA account before you take any action.

To name a minor as your primary or alternate beneficiary, please complete the Addendum to Beneficiary Designation form below in its entirety. Your designation of a minor will not become effective until we receive a completed Addendum.

If you have any questions on how to complete this form, please contact the Fund office at (800) 833-8065.

### Addendum to Beneficiary Designation Naming a Custodian for a Minor Child

Return this page with your completed Beneficiary Designation Form. Please print all information.

I, \_\_\_\_\_, hereby elect that, until my beneficiary reaches age 18 (at which time s/he will receive directly all payments that may become due), all payments that may become due to such beneficiary shall be paid to:

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ as custodian for the minor named here, \_\_\_\_\_, under the New York Uniform Transfer to Minors Act (UTMA).

In the event that the custodian named in the preceding paragraph does not survive until the minor reaches age 18, I hereby designate as an alternate custodian:

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Print your name: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## Pre-retirement Death Benefit Beneficiary Designation Form

Please complete all sections of this form by printing legibly or typing. Be sure to designate both primary and alternate beneficiaries. Detach the form and send it to the Fund Office at the address above. This form is available on the Fund's website at [www.afm-epf.org/forms.cfm](http://www.afm-epf.org/forms.cfm). It must be printed, signed and submitted in hard copy to the Fund office.

### Section 1 - YOUR PERSONAL INFORMATION

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PENSION IDENTIFICATION # (PID) \_\_\_\_\_

BIRTH DATE (Month/Day/Year) \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

MARITAL STATUS: Single  Married  Divorced  Legally Separated  Widowed  GENDER: Male  Female

**If divorced a copy of your divorce decree and property settlement is required**

ARE YOU CURRENTLY RECEIVING A PENSION FROM THIS FUND? Yes  No

UNION LOCAL NUMBER(S) \_\_\_\_\_ CITY: \_\_\_\_\_

### Section 2 - YOUR SPOUSE'S PERSONAL INFORMATION

SPOUSE'S NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_ SPOUSE'S BIRTH DATE \_\_\_\_\_

DATE MARRIED (Month/Day/Year) \_\_\_\_\_ SPOUSE'S GENDER Male  Female

### Section 3 - YOUR PRIMARY BENEFICIARY'S PERSONAL INFORMATION

Any Pre-retirement Death Benefit payable in accordance with the rules described above will be paid to the Primary Beneficiary(ies) named in this Section. If you name two or more Primary Beneficiaries, the share of any of those individuals who pre-decease you will be divided among the Primary Beneficiary(ies) who survive you based on the pro rata percentage of benefit that you designate in this Section. If you do not indicate a percentage of benefit, the benefit will be divided equally among all beneficiaries listed in this Section. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you.

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ %

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ %

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

MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ % \*

**\*The "percentage of benefit" for each of the designated beneficiaries must add up to 100%. If it does not, your beneficiary form will be treated as incomplete.**

**Continued**

#### Section 4- YOUR ALTERNATE BENEFICIARY'S PERSONAL INFORMATION

Any Pre-retirement Death Benefit payable in accordance with the rules described above will be paid to the Alternate Beneficiary(ies) named in this Section if none of the Primary Beneficiary(ies) listed above survives you or if you leave Section 3 blank. If you name two or more Alternate Beneficiaries, the share of any of those individuals who pre-decease you will be divided among the Alternate Beneficiary(ies) who survive you based on the pro rata percentage of benefit that you designate in this Section. If you do not indicate a percentage of benefit, the benefit will be divided equally among all beneficiaries listed in this Section. If additional space is required, an attachment sheet is acceptable, provided it is signed and dated by you.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ %

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ %

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
MAILING ADDRESS (#, Street, Apt #) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE (Month/Day/Year) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_ PERCENTAGE OF BENEFIT\*: \_\_\_\_\_ %

**\*The "percentage of benefit" for each of the designated beneficiaries must add up to 100%. If it does not, your beneficiary form will be treated as incomplete.**

The information on this Beneficiary Designation Form is true to the best of my knowledge. It will remain in effect for the purposes stated above until I file another form with the Fund Office. This designation revokes all previous Pre-retirement Death Benefit Beneficiary Designations.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep a copy of this form for your records. If the Fund Office receives a complete beneficiary form from you, we will process it and will provide you with a confirmation of the beneficiary information provided on this form generally within 30 days of receipt. Your designation will not become effective until a completed form is received at the Fund Office, so if you do not receive a confirmation or request for missing information within 30 days, please contact the Fund office immediately.

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_  
On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ appeared before me \_\_\_\_\_, known to me to be the person named in the foregoing statement, and she/he acknowledged that she/he executed the foregoing statement voluntarily.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_