Insulators and Allied Workers National Pension Fund
2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028
Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629
Fax: (954) 266.2079 | www.nebainc.com

Administered by: NEBA

ANNUAL CONFIRMATION OF CONTINUED ELIGIBILITY TO RECEIVE A BENEFICIARY PENSION

INSTRUCTIONS: As a Beneficiary/recipient of pension benefits from the above referenced Plan, you are required to annually complete this form and return it to the Fund Office. A self-addressed envelope has been provided for your convenience in returning the completed form via mail. You may also submit the form electronically, as follows:

- via email to pension@nebainc.com
- via fax at 954-266-2079
- via secure upload at https://www.nebainc.com/send-secure-file/. (Select Retirement Claims department from the drop down menu of recipients.)

Should you have any questions or concerns, please do not hesistate to contact the Insulators and Allied Workers National Pension Fund Concierge Team at pension@nebainc.com or by phone at (888) 352.0629 / (888) 987.0629 for West Coast members.

I. BENEFICIARY INFORMATION

Full Name:		**Social Security # (Last 4 Digits):**			
Street Address:					
City:		**State:**		**Zip Code:**	
Telephone Number:		**Mobile Number:**			
Email Address:					
Do you authorize the Fund Office to communicate with you via email regarding this form?		☐ **Yes** ☐ **No**			

II. BENEFICIARY CERTIFICATION

I, _____, hereby certify that I am still eligible under the terms and conditions of the Insulators and Allied Workers National Pension Fund for a Beneficiary Pension.

Signature of Beneficiary: _____ Date: _____

State of: _____ County of: _____

This instrument was signed and acknowledged before me on _____ by _____.

(Notary Stamp)

_____ _____

Signature of Notary Officer My Commission expires:

OR: _____

Signature of Plan Representative/Trustee