The undersigned beneficiary acknowledges that they shall, at all times, be subject to the terms and conditions specified by the Pension Boards. These terms and conditions may be amended, modified, or supplemented at any time at the sole discretion of the Pension Boards.

Beneficiary Name: ____________________________________________________

Beneficiary Signature: ____________________________________________________

Date: ______________________

Please complete and submit this form with any corresponding form(s) to the Pension Boards.

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.