

# LOCAL 807 PROFIT SHARING PLAN

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## UNION TRUSTEES

Demos P. Demopoulos  
Anthony Storz

## FUND ADMINISTRATOR

Teresa Casanova

## EMPLOYER TRUSTEES

Scott Little  
Peter Ingram

Dear Participant,

Thank you for your participation in the Local 807 Profit Sharing Plan. To ensure accurate and effective communication, the Profit Sharing Plan is updating contact information and Beneficiary information for all members. Please complete this form with your current address, social security number, Beneficiary(ies) and sign where indicated at the middle of this letter. Please return the form to the Fund office at the above address.

CURRENT ADDRESS: \_\_\_\_\_

ZIP \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TEL.#: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ MARITAL STATUS: SINGLE \_\_\_ MARRIED \_\_\_

EMAIL: \_\_\_\_\_

MEMBER'S NAME PRINTED: \_\_\_\_\_

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PLEASE DESIGNATE A PRIMARY AND SECONDARY BENEFICIARY:

PRIMARY:

\_\_\_\_\_  
NAME DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS RELATIONSHIP

SECONDARY (In the event the primary beneficiary pre-deceased me or who dies after my death and prior to receiving all benefits due):

\_\_\_\_\_  
NAME DATE OF BIRTH

\_\_\_\_\_  
MAILING ADDRESS RELATIONSHIP

Sincerely,

Local 807 Profit Sharing Plan

- Married participants, per plan regulation, spouses are always primary beneficiary; if naming a primary beneficiary other than the spouse, the participant's spouse must submit a signed/notarized letter waiving the benefits.
- You have the right to revoke and change this designation at any time by giving written notice on the form prescribed by the Fund.