



LUSP Trust

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BENEFICIARY DESIGNATION / CHANGE FORM

Complete form in its entirety, then fax, email, or return to the address above.

Member Information – Please Print Clearly

Please indicate if this is: Designating a Beneficiary Beneficiary Change

Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email _____

Beneficiary Information – Please Print Clearly

1. Primary Contingent _____ % Relationship to Member _____
Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Phone _____ - _____ - _____ Email _____
2. Primary Contingent _____ % Relationship to Member _____
Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Phone _____ - _____ - _____ Email _____
3. Primary Contingent _____ % Relationship to Member _____
Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Phone _____ - _____ - _____ Email _____
4. Primary Contingent _____ % Relationship to Member _____
Name _____ SSN _____ - _____ - _____ Date of Birth ____ / ____ / ____
Address _____ City _____ State _____ Zip _____
Phone _____ - _____ - _____ Email _____

If more than one beneficiary is designated, surviving beneficiaries will receive equal shares, unless otherwise provided herein. Previous beneficiary designations will be replaced with the most current dated designation.

This beneficiary designation applies to all funding options unless otherwise noted above. I, as a Participant in the Plan, do hereby revoke any previous beneficiary information, and specify the above-named person(s) as beneficiary(ies).

_____/_____/_____
Signature of Member Date