



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



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.)

Please return this completed form to NEBA no later than September 30, 2024. If we do not receive your completed form by the deadline, your pension benefits will be held until NEBA receives the form. Should you have any questions or concerns, please do not hesitate 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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	