ENROLLMENT FORM UNITED PARCEL SRVICE, INC. – MACHINISTS LODGE 447 (IAMAW) ANNUITY FUND PRINT ALL INFORMATION

Last Name		First Name		M.I.		Social Security Number		
			O.					
Home Address	Marital		City			State	Zip	
Date of Birth	Status (Circle On	e) Single	Married	Divorced	Widowed	Date of Marria	age	
		Benefi	iciary Des	ignations				
be payable to my sthe following beneficed to the following beneficed to the following beneficiary designs beneficiary designation, or the following benefit	my beneficiary is suspouse as a lifetime as iciary(ies) to receive by Annuity Fund. I unate more than one bation supersedes any contact the Fund Officary Beneficiary	annuity un any deatl nderstand eneficiary y prior des	lless rejec n benefits I that I hav n – use ad	ted by both under the L e the right t ditional she	me and my Inited Parce o change n et if extra sp . (If you ha	r spouse. Î h el Service, Ir ny beneficiar pace is requi	nereby designate nc. – Machinists ry(ies) at any ired. This	
Name (Last, Fi	irst, MI)			Name (La	st, First, MI)			
Address				Address				
City State Zip		ip Code		City		State Zip Code		
SSN Relationship			SSN		Relationship			
Signature of Participant						Date		
consent to your design VALID UNLESS YOUR As the lawful spouse o above. I understand th	you wish to name someo ation by signing below in a SPOUSE'S SIGNATUR of the herein-named partic that by doing so, I waive and Inc. – Machinists Lodge	ne other that the presence IS NOTAF ipant, I here ny and all rig	ce of a Notar RIZED. by certify the ghts to my s	se as the bendy Public. YOU at I agree with bouse's death	the annuity fu	ARY DESIGNA und beneficiary authorize the A	TION WILL NOT BE designation(s) made dministrator of the	
<u>NOTARY</u>					Signature	e of Participant'.	s Spouse	
State of)							
County of) SS:)							

Subscribed and Sworn to before me, this _____ day of _____, 20 ____.

(Notary Public)

Return completed form to:

UPS – Lodge 447 Annuity Fund
c/o I E Shaffer & Co
PO Box 1028

Trenton NJ 08628