

**Salaried Retirees of
Lone Star Industries, Inc.
Benefit Plan**

Associated Administrators, LLC
P.O. Box 1062
Sparks, Maryland 21152-1062
Telephone: (866) 566-7827
www.associated-admin.com

Beneficiary Information Form

Retiree Information:

Name: _____
Social Security Number: _____
Phone Number: _____
Address: _____

Please designate beneficiary(s):

Last Name	First	M.I.	Relationship	Share of Proceeds	If payments are to be made to a Trust Fund, write the name of the Fund here:

Member Signature and Authorization

I hereby attest that the above information is true and correct to the best of my knowledge.

Member Signature: _____

Date: _____