Designation or Change of Beneficiary

IBEW Local Union 1141 Death Benefit Fund

Article XII, Section 5 of the IBEW Local Union By-Laws requires that all participating members designate their beneficiaries to the IBEW Local Union 1141 Death Benefit Fund. Please complete the following information by PRINTING all names and indicating the first, middle and last name of all beneficiaries.

Member Information

Name_____ SS Number_____

Address_____ Card Number_____

City_____ Birth Date_____

State_____ Zip_____ Initiation Date_____

A Bible will be given to your family in honor of your membership to the IBEW Local Union 1141, upon your passing. Please circle your family's Bible preference below.

Catholic **Protestant (King James)** **None**

Designation of <u>Primary</u> Beneficiaries

The Undersigned member hereby designates the following person(s) as the primary beneficiary of his/her proceeds from the IBEW Local Union 1141 Death Benefit Fund. Should two persons be listed below, the death benefit proceeds shall be paid in two equal shares.

Name_____ Relationship_____

Address_____ Telephone_____

City_____ State_____ Zip_____

Name_____ Relationship_____

Address_____ Telephone_____

City_____ State_____ Zip_____

Please See Back Side ➡

Designation of Contingent Beneficiaries

In the event said primary beneficiary fail to survive the undersigned as heretofore stated, the proceeds of said Death Benefit Fund shall be paid to the following contingent beneficiaries in equal shares as designated.

Name_____ Relationship_____

Address_____ Telephone_____

City_____ State_____ Zip_____

Name_____ Relationship_____

Address_____ Telephone_____

City_____ State_____ Zip_____

Name_____ Relationship_____

Address_____ Telephone_____

City_____ State_____ Zip_____

This designation of primary and/or contingent beneficiaries supersedes and nullifies all previous designations. It is understood that these designations can be changed only by the execution of subsequent written designation.

_____ _____

Members Signature Date

I hereby certify that the above and afore designated or change of designated beneficiaries was signed before me this_____ day of_____, 20_____

_____

(Notary Seal) Notary Public

_____

Commission Expiration Date

Please See Back Side ➡