

BENEFICIARY DESIGNATION FORM

Choose One _____ 5 Primary Contingent

MR FIRST NAME
 MS
 MRS

LAST NAME

RELATIONSHIP

SOCIAL SECURITY NO.

BIRTH DATE (MM/DD/YYYY)

M.I.
 JR III
 SR IV
 II V
Gender*
 MALE
 FEMALE

OR

Choose One _____ 1 Primary Contingent

TAX-ID

NAME OF ORGANIZATION, INSTITUTION OR TRUST

NAME OF ORGANIZATION, INSTITUTION OR TRUST (CONTINUED)

ADDRESS (STREET & NUMBER)

CITY

STATE ZIP CODE+4

Member's signature must be certified by a responsible local union official or a notary public.

Sworn before me on this date

MEMBER'S SIGNATURE

My Notary Commission Expires on:

NOTARY OR LOCAL UNION OFFICIAL'S SIGNATURE

Print Local Union Officer or Notary Name

Local Union Officer Title

Officer's LU

Please place local union or notary seal here.



* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.