

BENEFICIARY DESIGNATION FORM - Additional Beneficiaries

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW Only

Section C: Member's Information

MR First Name MI Last Name
 MS MI Last Name
 MRS Local Union Card Number

Section D: Additional Beneficiary Information

If naming an individual, please complete this section.

MR First Name MI Last Name
 MS MI Last Name
 MRS Relationship
 Choose One:
 Primary Contingent

MR First Name MI Last Name
 MS MI Last Name
 MRS Relationship
 Choose One:
 Primary Contingent

MR First Name MI Last Name
 MS MI Last Name
 MRS Relationship
 Choose One:
 Primary Contingent

MR First Name MI Last Name
 MS MI Last Name
 MRS Relationship
 Choose One:
 Primary Contingent

MR First Name MI Last Name
 MS MI Last Name
 MRS Relationship
 Choose One:
 Primary Contingent

Today's Date (MM/DD/YYYY)
 / /

Member's Signature