

LOCAL 12 DEATH BENEFIT BENEFICIARY DESIGNATION FORM

Participant Name: _____ Participant SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Sex (M/F): _____

Your Primary Beneficiary will be paid first. If you wish to designate an Alternate Beneficiary lest your Primary Beneficiary pre-decease you, then enter their information under Alternate Beneficiary. If you wish to have your benefit split between multiple beneficiaries, then enter their information under Primary Beneficiary 2 or Alternate Beneficiary 2. Please include the percentage of the benefit you want them to receive. If you wish to have more than 2 beneficiaries, then you may use the back of this form or attach another sheet of paper. *If multiple beneficiaries are listed for either Primary or Alternate and no percentage of benefit is provided, the benefit will be split equally between all Primary beneficiaries or all Alternate beneficiaries as appropriate. Please remember to sign your form. Unsigned forms will be returned.

I hereby designate the following as my beneficiary(ies) for any amounts due from Local 12 as a result of my death:

Primary Beneficiary 1

Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ % of Benefit: _____

Primary Beneficiary 2

Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ % of Benefit: _____

Alternate Beneficiary 1

Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ % of Benefit: _____

Alternate Beneficiary 2

Name: _____ Relationship: _____
SSN: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ % of Benefit: _____

Member Signature: _____ **Date:** _____