



## Metal Trades Branch Welfare Fund Designation of Beneficiary

**IMPORTANT:**

1. Be sure to designate a Beneficiary and Contingent Beneficiary to be paid (if your named beneficiary predeceases you.)
2. Please use the back side of this form if you wish to name either multiple Beneficiaries or multiple Contingent Beneficiaries.
3. The designation on this card **supersedes** any designations previously filed.
4. Print in ink. Be sure all signatures and dates are completed in all sections.

***If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of this policy.***

Participant \_\_\_\_\_  
*Name* *Card Number/Book Number*

Beneficiary \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Beneficiary's Date of Birth: \_\_\_\_\_

Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City & State* *Zip Code*

Contingent Beneficiary's \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Contingent Beneficiary Date of Birth: \_\_\_\_\_

Contingent Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City & State* *Zip Code*

➡ \_\_\_\_\_  
*Participant's signature*

\_\_\_\_\_  
*Date*