



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, witness 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 *SS# (First 5 digits only) or Book Number*

Beneficiary _____
First Name Middle Initial Last Name

Beneficiary's SS#: _____ 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's SS#: _____ 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

➡ _____
Witness (Someone other than Beneficiary) Date