
I.B.E.W. Local 910 Benefit Funds

BENEFICIARY DESIGNATION FORM

As one of the requirements of the ERISA legislation, each year the Fund Office must provide you the opportunity to change your beneficiaries for any death benefits you may be entitled to under the IBEW Local 910 Benefit Funds. If you wish to make any changes, complete this form and return it to the Fund Office.

I designate the following person (or persons) as my beneficiary for and Death Benefits to which I am entitled. I understand this cancels any previous beneficiary designation, and I reserve the right to change my beneficiary at any future date.

Participants Name: _____ S.S. Number: _____

Address: _____

City and Zip: _____ Telephone: _____

Marital Status: _____

WELFARE FUND BENEFICIARY

Name of Beneficiary: _____ Relationship: _____

Alternate Beneficiary: _____ Relationship: _____

Participant Signature: _____ Date: _____

Witness Signature: _____

PENSION FUND BENEFICIARY

Name of Beneficiary: _____ Relationship: _____

Alternate Beneficiary: _____ Relationship: _____

Participant Signature: _____ Date: _____

Witness Signature: _____

ANNUITY FUND BENEFICIARY

Name of Beneficiary: _____ Relationship: _____

Alternate Beneficiary: _____ Relationship: _____

Participant Signature: _____ Date: _____

Witness Signature: _____