

**LOCAL UNION 373 U.A. FRINGE BENEFIT FUNDS  
DESIGNATION OF BENEFICIARIES**

Participant		
Spouse:		
Print or type name	Social Security #	Date of Birth

In the event of my death, I hereby request and authorize the Trustees of the Local Union 373 U.A. Fringe Benefit Funds to pay any and all interest which I might have at the time of my demise, through the Rules & Regulations of the Funds, to the person(s) listed below as my designated beneficiary for each fund. I understand that this beneficiary designation supercedes any beneficiary designation of a previous date.

\_\_\_\_\_ signed \_\_\_\_\_ date \_\_\_\_\_ witness (cannot be beneficiary)

<b>LOCAL UNION 373 U.A. WELFARE FUND</b>	Share and Share Alike Beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1st beneficiary	S.S. #	relationship	date of birth
street	city	state	zip

<b>LOCAL UNION 373 U.A. PENSION FUND</b>	Share and Share Alike Beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1st beneficiary	S.S. #	relationship	date of birth
street	city	state	zip

<b>LOCAL UNION 373 U.A. VACATION FUND</b>	Share and Share Alike Beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1st beneficiary	S.S. #	relationship	date of birth
street	city	state	zip

<b>LOCAL UNION 373 U.A. H.R.A. FUND</b>	Share and Share Alike Beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1st beneficiary	S.S. #	relationship	date of birth
street	city	state	zip

<b>LOCAL UNION 373 U.A. ANNUITY FUND</b>	Share and Share Alike Beneficiaries?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1st beneficiary	S.S. #	relationship	date of birth
street	city	state	zip

SHOULD I WISH TO HAVE "SHARE AND SHARE ALIKE" BENEFICIARIES OR MY FIRST BENEFICIARY PREDECEASES ME, I REQUEST THAT THE PROCEEDS BE PAID TO THE CONTINGENT BENEFICIARIES LISTED FOR EACH FUND ON THE REVERSE OF THIS CARD

CONTINGENT BENEFICIARIES:

LOCAL UNION 373 U.A. WELFARE FUND

beneficiary	S.S. #	relationship	date of birth

LOCAL UNION 373 U.A. PENSION FUND

beneficiary	S.S. #	relationship	date of birth

LOCAL UNION 373 U.A. VACATION FUND

beneficiary	S.S. #	relationship	date of birth

LOCAL UNION 373 U.A. H.R.A. FUND

beneficiary	S.S. #	relationship	date of birth

LOCAL UNION 373 U.A. ANNUITY FUND

beneficiary	S.S. #	relationship	date of birth

SPECIAL INSTRUCTIONS; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

signed

date

witness (cannot be beneficiary)