

**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 Local Union 373 U.A. Fringe Benefit Funds to pay 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 supersedes any beneficiary designation of a previous date.

_____ signed

_____ date

_____ witness (cannot be beneficiary)

LOCAL UNION 373 U.A. WELFARE FUND		Share and Share Alike Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Beneficiary	Social Security #	Relationship	Date of Birth	
Street	City	State	Zip	

LOCAL UNION 373 U.A. PENSION FUND		Share and Share Alike Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Beneficiary	Social Security #	Relationship	Date of Birth	
Street	City	State	Zip	

LOCAL UNION 373 U.A. VACATION FUND		Share and Share Alike Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Beneficiary	Social Security #	Relationship	Date of Birth	
Street	City	State	Zip	

LOCAL UNION 373 U.A. H.R.A. FUND		Share and Share Alike Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Beneficiary	Social Security #	Relationship	Date of Birth	
Street	City	State	Zip	

LOCAL UNION 373 U.A. ANNUITY FUND		Share and Share Alike Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Beneficiary	Social Security #	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	Social Security #	Relationship	Date of Birth

LOCAL UNION 373 U.A. PENSION FUND

Beneficiary	Social Security #	Relationship	Date of Birth

LOCAL UNION 373 U.A. VACATION FUND

Beneficiary	Social Security #	Relationship	Date of Birth

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

Beneficiary	Social Security #	Relationship	Date of Birth

LOCAL UNION 373 U.A. ANNUITY FUND

Beneficiary	Social Security #	Relationship	Date of Birth

Special Instructions: _____

Signed

Date

Witness (Cannot be beneficiary)