## BENEFICIARY DESIGNATION FORM - USA For Death Benefits Form the IBEW® Pension Benefit Fund

["A" Members of the IBEW® Only]



NOTE: If do not designate a beneficiary, your benefits will be paid in the following order of preference:

- 1. To your spouse, or if none;
- 2. To your children in equal shares, or if none;
- 3. To your parents in equal shares, or if none;
- 4. To your estate.

If the foregoing sequence is acceptable to you, do not complete or return this form. If the order of preference listed above is unacceptable, please proceed with the completion of this form and mail to the International Secretary Treasurer. You may name eitheran individual(s) or an organization to receive this death benefit payment.

## THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

MEMBER'S INFORMATION																													
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MRS						<u> </u>																				]		_	
LAST NAME	= 	_																			_	_			_			R	
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ADDRESS (STREET & NUMBER)																													
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BIRTH DATE (MM/DD/YYYY)						Mail completed form to:																							
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							ATTENTION: Pension & Death Claims Dept.																						

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## **BENEFICIARY DESIGNATION FORM - USA**

	Choose One	2	Primary	Contingent	
MR FIRST	NAME	<u> </u>			M.I.
MRS LAST NAME					
					SR IV
RELATIONSHIP			SOCIAL SE	ECURITY NO.	GENDER*
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BIRTH DATE (MM/	DD/YYYY)				
	Choose One	3	Primary	Contingent	
	NAME				M.I.
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LAST NAME					☐ JR ☐ III ☐ SR ☐ IV
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	Choose One	4	Primary	Contingent	
MR FIRST	NAME				M.I.
MS MRS					
LAST NAME					☐ JR ☐ III
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## **BENEFICIARY DESIGNATION FORM - USA**

Choose One	5 Prim	nary Contingent								
MR FIRST NAME		M.I.								
MS MRS										
LAST NAME										
		SR   IV								
RELATIONSHIP		SOCIAL SECURITY NO. GENDER*								
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BIRTH DATE (MM/DD/YYYY)										
	OR	₹								
Choose One 1	Primary	TAX-ID  Contingent								
NAME OF ORGANIZATION, INSTITUTION OR TRUST										
NAME OF ORGANIZATION, INSTITUTION OR	 TRUST (CONTINUED									
ADDRESS (STREET & NUMBER)										
CITY		STATE ZIP CODE+4								
		Sworn before me on this date								
MEMBER'S SIGNA	TURE									
		My Notary Commission Expires on:								
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\*\*This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

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