

# BENEFICIARY DESIGNATION FORM - USA

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW

## Section A: Member's Information

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRS	Local Union	Card Number	Social Security Number
	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	E-Mail		
	<input type="text"/>		

## Section B: Beneficiary Information

**If naming an individual, please complete this section and if you need additional beneficiaries attach Form No.124C.**

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRS	Relationship		
	<input type="text"/>		
			Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
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<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRS	Relationship		
	<input type="text"/>		
			Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
-----			
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRS	Relationship		
	<input type="text"/>		
			Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

**If naming an organization or trust, please complete this section**

Name of Organization, Institution or Trust

Choose One:  
 Primary  Contingent

<input type="text"/>
<input type="text"/>

Address (Street & Number)

<input type="text"/>
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City

State

Zip Code+4

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Today's Date (MM/DD/YYYY)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Today's Date (MM/DD/YYYY)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Notary or LU Seal

Member's Signature

Notary or Local Union Official's Signature

Printed Name and Title of LU Official or Notary

Mail Completed Form to:  
IBEW  
900 7th Street, NW  
Washington, DC 20001  
Attn: Pension & Death Claims Dept

