



## LOCAL 338 BENEFITS FUND Beneficiary Designation

You may use this form to designate who will receive death benefit proceeds in the event of your death. **Whoever you designate on this form will *replace* any prior beneficiary designations.**

### 1. Member Information

Please print clearly	Your Name (First, Middle Initial, Last):	Social Security Number:
	Employer's Name:	Telephone #: (    )
		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>

### 2. Beneficiary Designation

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form, including your name, date, and social security number.

The "Primary Beneficiary" is the person or persons you want to receive your death benefit if you die. The "Secondary Beneficiary" is the person or persons you want to receive your death benefit in the event your Primary Beneficiary has died before you. You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal exactly 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

For Primary beneficiaries, indicate who should receive the death benefit proceeds in the event of your death.

	Primary Beneficiary(ies)	Social Security Number	Relationship to Member	Percent Share of Proceeds*
1.	Name: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Address: _____ Birth Date: _____			%
2.	Name: _____ Sex: _____ Address: _____ Birth Date: _____			%

For Secondary beneficiaries, indicate who should receive the death benefit in the event of your *and* your Primary beneficiary's death.

	Secondary (Contingent) Beneficiary(ies)	Social Security Number	Relationship to Member	Percent Share of Proceeds*
1.	Name: _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Address: _____ Birth Date: _____			%
2.	Name: _____ Sex: _____ Address: _____ Birth Date: _____			%

\*The total within each class must equal 100%

### 3. Signature

**Important: You must sign before a notary public, date and return this form to the Fund for your designation to be effective.**

Signature of Member	
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Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public