

ADMINISTRATION OFFICE

4th DISTRICT IBEW HEALTH FUND

609 3rd Avenue • P.O. Box 487 • Chesapeake, OH 45619

Telephone: (304) 525-0331 • Fax: (740) 867-4300

www.4thdistrictthehealthfund.com



DESIGNATION OF BENEFICIARY (IES)

Participant's Name: _____

SSN: _____ Participant's Date of Birth: _____

Home Address: _____

Telephone Number _____

Participant's Signature: _____ Date: _____

The following individual(s) shall be my beneficiary (ies). If neither "Primary" nor "Contingent" is marked, each named beneficiary will be deemed a Primary Beneficiary. If multiple beneficiaries are named, they will share equally in the available benefit. If any Primary or Contingent beneficiary dies before the Participant, his or her interest shall terminate completely and the share of any remaining beneficiary (ies) shall be increased on a pro-rata basis. If a minor child is designated as a Primary or Contingent beneficiary, Section B entitled "Designation of Guardian/Custodian for Participant's Minor Child" must be completed as well.

Primary Name _____ SSN _____

Contingent Home Address _____

Telephone Number _____ Relationship _____

Primary Name _____ SSN _____

Contingent Home Address _____

Telephone Number _____ Relationship _____

Primary Name _____ SSN _____

Contingent Home Address _____

Telephone Number _____ Relationship _____

SECTION B

DESIGNATION OF GUARDIAN/CUSTODIAN FOR PARTICIPANT'S MINOR CHILD

Under the "Uniform Transfers to Minors Act", I, _____ do hereby designate the following as guardian (custodian) of my minor child (children), who is (are) named beneficiary (ies).

Guardian's Name _____ SSN _____

Guardian's Address _____

Guardian's Phone # _____

The above guardian is for the following minor child or children named below:

Minor Child's Name _____ SSN _____

Minor Child's Name _____ SSN _____

Minor Child's Name _____ SSN _____