ADMINISTRATION OFFICE
4th DISTRICT IBEW HEAL TH FUND
9200 *US Route 60 * Ona, WV 25545*
*Telephone: (304) 525-0331 * Fax: (304) 525-6005*
www.4thdistricthealthfund.com

DESIGNATION OF BENEFICIARY(IES)

Participant Information

Employee Social Security Number	Employee Last Name	Employee First Name	MI
Home Phone Number ( )	Street Address		
City, State, Zip Code		Date of Birth	

Employee Signature	Date

The following individual(s) shall be my beneficiary (ies). If neither "Primary" nor "Contingent" is indicated, each named beneficiary will be deemed to be a Primary Beneficiary. If multiple Primary Beneficiaries are named, they will share equally in the available benefit. If any Primary or Contingent Beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining Primary Beneficiary(ies) shall be increased on a pro rata basis. If no Primary Beneficiary survives me, the Contingent Beneficiary (ies) shall acquire the designated share of my Plan balance. Should a minor child be designated as Primary or Contingent Beneficiary, the section below entitled "Designation of Guardian/Custodian must be completed as well.

Primary ( )	Name		Social Security Number
Contingent ( )	Date of Birth	Relationship	Home Phone Number ( )
	Address		

Primary ( )	Name		Social Security Number
Contingent ( )	Date of Birth	Relationship	Home Phone Number ( )
	Address		

Primary ( )	Name		Social Security Number
Contingent ( )	Date of Birth	Relationship	Home Phone Number ( )
	Address		

DESIGNATION OF GUARDIAN/CUSTODIAN FOR A MINOR CHILD

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

Guardian Information

Guardian Social Security Number	Guardian Last Name	Guardian First Name	MI
Home Phone Number ( )	Street Address		
City, State, Zip Code		Date of Birth	

The above guardian is for the following minor child/children name below.

Minor Child's Social Security Number	Minor Child's Last Name	Minor Child's First Name	MI
Minor Child's Social Security Number	Minor Child's Last Name	Minor Child's First Name	MI
Minor Child's Social Security Number	Minor Child's Last Name	Minor Child's First Name	MI
Minor Child's Social Security Number	Minor Child's Last Name	Minor Child's First Name	MI

Employee Signature	Date