

IBEW 1205 Sick and Needy Fund

c/o IBEW Local Union 1205
2510 NW 6th Street • Gainesville, FL 32609
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BENEFICIARY DESIGNATION FORM

Participant Name: _____
(Typically Union Member) (First Name) (Middle Name/Initial) (Last Name)

Last 4 Digits of SSN: _____ Date of Birth: _____

INSTRUCTIONS: Read below, complete the form and return the completed form to the Office

FIRST BENEFICIARY

I name the following as my first beneficiary to receive my death benefit after my death:

Name: _____

Phone Number: _____

Full Address: _____

Relationship: _____

SECOND BENEFICIARY

I name the following as my second beneficiary to receive my death benefit if my first beneficiary is not living when I die:

Name: _____

Phone Number: _____

Full Address: _____

Relationship: _____

Unless otherwise specified above, if none of the beneficiaries designated above survive me, payment shall be made to such beneficiary or beneficiaries as the fund requires under such circumstances. In a circumstance where no beneficiary card is on file or all named beneficiaries have preceeded the death payment will be made to the participant's spouse. If there is no spouse the payment will be made to the participant's adult children. If there are no adult children the payment will be made to the participant's parents. If there are none of the listed beneficiaries then the committee will make a diligent effort to identify a beneficiary.

_____ Participant's Signature

_____ Date