

**IBEW LOCAL UNION 1205
2510 NW 6TH STREET
GAINESVILLE, FL 32609**

Last Name, First Name, Middle Initial

Social Security Number

Date of Birth

L.U. Member

ELECTRICIAN'S DEATH BENEFIT FUND

My beneficiaries are as follows:

Primary _____
Name Phone Number Relationship

Contingent _____
Name Phone Number Relationship

**PHONE (352)376-7701
FAX (352)376-9922
WWW.IBEW1205.ORG**

Signature _____

Date _____