



Eighth District Electrical Fringe Benefit Funds

Life Insurance Beneficiary Designation

I, _____, Social Security Number _____
(Print Name)

Do hereby designate the following named persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death, under the Eighth District Electrical Fringe Benefit Fund. (If additional space is needed, please use second sheet)

Beneficiary Name:	Date of Birth:
SSN:	Relationship:
Address:	Phone:
Percentage of Benefit to be Received: (see examples below*) %	
Beneficiary Name:	Date of Birth:
SSN:	Relationship:
Address:	Phone:
Percentage of Benefit to be Received: %	
Beneficiary Name:	Date of Birth:
SSN:	Relationship:
Address:	Phone:
Percentage of Benefit to be Received: %	
Beneficiary Name:	Date of Birth:
SSN:	Relationship:
Address:	Phone:
Percentage of Benefit to be Received: %	
Secondary Beneficiary Name: (see explanation below*)	
Date of Birth:	
SSN:	Relationship:
Address:	Phone:

-OVER-

Physical Address: 4704 Harlan Street, Suite 205 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org

