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U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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U.A. Local No. 393 Health and Welfare Plan
Death Benefit Beneficiary Designation Form

I, _____, Social Security Number _____ hereby designate
(Print Name)
the following named persons as my beneficiary(ies) to receive any monies payable by the U.A. Local No. 393 Health and Welfare Plan ("Plan") in the event of my death. *(If more space is needed, please use back of page.)*

PRIMARY BENEFICIARY: *(if naming a minor, please complete the reverse side of this form)*		
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:	Email:	
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:	Email:	
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:	Email:	
SECONDARY BENEFICIARY *(see explanation below*):*		
Beneficiary Name:		Date of Birth:
SSN:	Relationship:	Phone:
Address:		
Percentage of Benefit to be Received:	Email:	

Participant's Signature: _____ Date: _____

Participant's Phone Number: _____ Email: _____

**If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiary(ies) has died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Plan rules: to your spouse or registered domestic partner; or if none, to your child(ren), if any; or if none, to your parent(s), if either is living, or if not, to your surviving brothers and sisters, and if none, then no benefit will be payable.*

U.A. Local No. 393 Health and Welfare Plan
Death Benefit Beneficiary Designation Form *(continued)*

Pease complete the Custodial Designation below if you have named one or more minors as your beneficiary.

Custodial Designation:

If my named beneficiary is a minor, I hereby designate (print full name) _____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.

Custodian Name: _____ Date of Birth: _____

SSN: _____ Relationship: _____

Address: _____ Phone: _____

Email Address: _____

Participant's Signature: _____ Date: _____