

# Western States Health & Welfare Trust Fund of the OPEIU

## 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 Western States Health & Welfare Trust Fund of the OPEIU. (If additional space is needed, please use second sheet)

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

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**Custodial Designation:**

If my above 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, then the natural parent(s) of the minor will automatically be designated as Custodian. I also understand that if the amount of the benefit is more than \$10,000, and 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: \_\_\_\_\_

\*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. For example, if you name two beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiaries have 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 Trust rules.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_