

BENEFICIARY DESIGNATION FORM - USA

For Death Benefits from the IBEW Pension Benefit Fund
Retired/Active "A" Members of the IBEW

Section A: Member's Information

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MRS	Local Union	Card Number	Social Security Number
	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 20%;" type="text"/>
E-Mail			
<input style="width: 95%;" type="text"/>			

Section B: Beneficiary Information

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No. 124C.

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input style="width: 95%;" type="text"/>			
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input style="width: 95%;" type="text"/>		

If naming an organization or trust, please complete this section

Choose One:
 Primary Contingent

Name of Organization, Institution or Trust			
<input style="width: 95%;" type="text"/>			
<input style="width: 95%;" type="text"/>			
Address (Street & Number)			
<input style="width: 95%;" type="text"/>			
<input style="width: 95%;" type="text"/>			
City	State	Zip Code+4	
<input style="width: 40%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/> - <input style="width: 10%;" type="text"/>	

_____ Member's Signature

Today's Date (MM/DD/YYYY)
 / /

Today's Date (MM/DD/YYYY)
 / /

_____ Notary or Local Union Official's Signature

Notary or LU Seal

_____ Printed Name and Title of LU Official or Notary

Mail Completed Form to:
IBEW
900 7th Street, NW
Washington, DC 20001
Attn: Pension & Death Claims Dept



Print Form

Additional Beneficiaries Form 124C