

LOCAL #773 PENSION FUND DEATH BENEFIT

LAST NAME		FIRST NAME			MIDDLE INITIAL
HOME ADDRESS		CITY	STATE	ZIP CODE	COUNTY
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo. Day Yr.	SOC. SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
PHONE NUMBER	SPOUSE's NAME	SPOUSE's DATE OF BIRTH Mo. Day Yr.	SPOUSE's SOC. SEC. NO.		
BENEFICIARY (PLEASE PRINT)- Give First Name, Middle Initial, Last Name <small>THE RIGHT TO CHANGE BENEFICIARY IS RESERVED.</small>		RELATIONSHIP*	IS THIS A CHANGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE OF PARTICIPANT		DATE SIGNED	PARTICIPANT NAME (PLEASE PRINT)		
*ADDRESS IF NO RELATIONSHIP:					

In addition, I hereby designate the following person(s) as my Contingent Beneficiary(s) in the event my Beneficiary does not survive me.

NAME	RELATIONSHIP	ADDRESS

State of: _____

County of: _____ ss.:

On the ____ day of _____ 20____, before me came to me known and known to be the person described in and who executed the foregoing designation form and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public