

LOCAL #773 WELFARE FUND LIFE INSURANCE 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