

LIFE INSURANCE BENEFICIARY DESIGNATION

PARTICIPANT'S INFORMATION: (Please print clearly)

Participant's Name: _____

Date of Birth: _____

Social Security No: _____

Contact Telephone No: _____

Address: (Street, City, State, and Zip Code) _____

BENEFICIARY DESIGNATION: (Please see below the following beneficiary information)

This designation applies to your Basic Life & AD&D coverage. Designations are not valid unless signed, dated and delivered to the Local 57 Health & Welfare Fund Office during your lifetime. Further, your designation revokes all prior designations.

Benefits are only payable to a contingent beneficiary if you are not survived by one or more primary beneficiary(ies). If you name two or more beneficiaries in a class, two or more surviving beneficiaries will share equally. If only one beneficiary in a class survives, we will pay the total death benefits to that beneficiary.

If a minor (a person not of legal age), or your estate, is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have any questions, consult your legal advisor.

Name of "Primary" Beneficiary:	Address: (Street, City, State, and Zip Code)	Social Security No:	Date of Birth:	Relationship

Name of "Contingent" Beneficiary:	Address: (Street, City, State, and Zip Code)	Social Security No:	Date of Birth:	Relationship

Note: To designate additional beneficiaries, please attach a separate sheet listing the name, address, social security number, date of birth, and relationship for each additional beneficiary. Also, please identify the beneficiary as "primary" or "contingent".

Additional Sheet Included:

Yes or No

Participant's Signature: _____

Date: (Mo/Day/Yr) _____