

I.B.E.W. Local 25 Health & Benefit Fund
BENEFICIARY DESIGNATION FORM

Participant's Name _____ Social Security No. _____
(please print)

Address _____

Telephone No. () _____

To the Board of Trustees of the I.B.E.W. Local 25 Health & Benefit Fund (the "Fund"):

I hereby designate the following individual as my named beneficiary for all Death Benefits provided by the Fund. (Please provide the name and address of the beneficiary.):

Social Security No. _____

Relationship _____

In the event my beneficiary does not survive me, I hereby designate the following as my contingent beneficiary (Please provide the name and address of the beneficiary.):

Social Security No. _____

Relationship _____

Date ____ / ____ / ____ Signature of Participant _____