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

☐ MR ☐ MS ☐ MRS

First Name | MI | Last Name

Local Union | Card Number | Social Security Number

E-Mail

Section B: Beneficiary Information

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

☐ MR ☐ MS ☐ MRS

First Name | MI | Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

☐ MR ☐ MS ☐ MRS

First Name | MI | Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

☐ MR ☐ MS ☐ MRS

First Name | MI | Last Name

Relationship

Choose One: ☐ Primary ☐ Contingent

If naming an organization or trust, please complete this section

Choose One: ☐ Primary ☐ Contingent

Name of Organization, Institution or Trust

Address (Street & Number)

City | State | Zip Code+4

Today's Date (MM/DD/YYYY)

Notary or LU Seal

Member's Signature

Today's Date (MM/DD/YYYY)

Notary or Local Union Official's Signature

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