

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Print first name, last name

## INSURANCE FUND OF LOCAL NO. 86

International Brotherhood of Electrical Workers

2300 East River Road · Rochester, New York 14623

Telephone 585-235-1515

<b>DEATH BENEFIT BENEFICIARY ELECTION DESIGNATION OF OR CHANGE IN BENEFICIARY</b>
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I hereby revoke any previously designated beneficiary(ies) and hereby designate my beneficiary(ies) under the Health and Welfare Plan of Local No. 86, International Brotherhood of Electrical Workers to be:

Primary Name / Address	Social Security #	Relationship	Percentage

as the primary beneficiary (or beneficiaries) to receive any amounts other than spousal survivor benefits which may be payable under the Plan as a result of my death. If more than one recipient is designated and if I have not directed otherwise, any amount distributable is to be divided equally among them if all are then living, otherwise, among the survivors.

If no primary beneficiary is alive at my death or the benefits under the Plan cannot be paid to such beneficiary for any reason, I hereby designate:

Secondary Name / Address	Social Security #	Relationship	Percentage

as the secondary beneficiary (or beneficiaries) to receive any amounts which may be payable under the Plan as a result of my death. If more than one recipient is designated and if I have not directed otherwise, any amount distributable is to be divided equally among them if all are then living, otherwise among the survivors.

This designation shall be effective when delivered to the Health and Welfare Committee under the Plan. I reserve the right to revoke or change this designation at any time by completing and filing a new beneficiary designation pursuant to the Plan.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date