

**DESIGNATION OF BENEFICIARY  
FOR  
LOCAL UNION 465, IBEW, DEATH BENEFIT FUND**

I ..... Union  
Card No. ....

Designate as my Primary Beneficiary.....

Relationship..... Address.....

and as my Contingent Beneficiary.....

Relationship..... Address.....

and request that any benefits accruing to my estate from the Local Death Benefit Fund of Local Union 465, IBEW, be paid to the above-named beneficiary.

The beneficiary/beneficiaries named herein can be changed at any time by the Member.

Signed:..... Date:.....

Witnessed:..... Date:.....

Must be witnessed by someone other than the designated beneficiary/beneficiaries.

