

**PLUMBERS & PIPEFITTERS LOCAL #773 WELFARE FUND LIFE INSURANCE BENEFIT
BENEFICIARY DESIGNATION FORM**

Participant Last Name			Participant First Name			Middle Initial		
Home Address			City		State	Zip Code	County	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Participant Date of Birth	Participant Social Sec. Number		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated				
Phone Number		Spouse's Full Name			Spouse's Date of Birth		Spouse's Social Security Number	
Beneficiary (Please Print) Last Name, First Name, Middle				Relationship		Is this a change? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Beneficiary's Home Address				Beneficiary's Date of Birth		Beneficiary's Social Security Number		
NOTARIZED Signature of Participant				Date Signed		Participant PRINT NAME		

** The right to change beneficiary is reserved **

In addition, I hereby designate the following person(s) as my contingent beneficiary(ies) in the event that my Beneficiary does not survive me.

CONTINGENT BENEFICIARY INFORMATION

Full Name	Relationship	Social Sec. Number	Date of Birth	Home Address
Full Name	Relationship	Social Sec. Number	Date of Birth	Home Address
Full Name	Relationship	Social Sec. Number	Date of Birth	Home Address
Full Name	Relationship	Social Sec. Number	Date of Birth	Home Address

State of: _____

County of: _____

ss:

On the _____ day of _____, 20_____, before me came to me known and known to be the person described and who executed the foregoing designation form and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public