

LOCAL 666 BENEFIT TRUST FUND

**BENEFICIARY DESIGNATION FORM
FOR LIFE AND ACCIDENTAL DEATH
INSURANCE BENEFITS**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ Birthdate: _____

PRIMARY BENEFICIARY:

Name: _____ Relationship: _____

Social Security No.: _____ Birthdate: _____

Address: _____

CONTINGENT BENEFICIARY(IES):

Name: _____ Relationship: _____

Social Security No.: _____ Birthdate: _____

Address: _____

Name: _____ Relationship: _____

Social Security No.: _____ Birthdate: _____

Address: _____

Name: _____ Relationship: _____

Social Security No.: _____ Birthdate: _____

Address: _____

Contingent beneficiaries will share equally unless requested otherwise in writing.

Signature: _____

Date: _____