

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



BENEFICIARY DESIGNATION FORM - Additional Beneficiaries

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW Only

Section C: Member's Information

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Local Union	Card Number	

Section D: Additional Beneficiary Information

If naming an individual, please complete this section.

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Today's Date (MM/DD/YYYY)

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Member's Signature