

U. A. Local 13 Employers Group Insurance Fund

Beneficiary Election Form

To the Board of Trustees:

In accordance with the provisions of the U.A. Local 13 Group Insurance Plan, I hereby designate the following beneficiaries to receive any benefits which may become payable under the Plan on account of my death:

(1) _____
First Name Middle Name Last Name Relationship

(2) _____
First Name Middle Name Last Name Relationship

(3) _____
First Name Middle Name Last Name Relationship

YOU MAY LIST ONE OR MORE BENEFICIARIES however, the person named on line (1) will receive *all* benefits payable. If the person named on line (1) is deceased at the time of your death, all benefits will then be payable to the person named on line (2). If both of the persons named on lines (1) and (2) above are deceased, all benefits would then be payable to the person named on line (3). This election is made in lieu of any beneficiary designation you may have previously submitted to the Fund Office.

YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME however, you must fill out another Beneficiary Election Form, and file it at the Fund Office before it becomes effective.

If you have any questions concerning how this Form should be completed, please contact the Group Insurance Fund Office.

Dated: _____
Participant's Signature

Dates: _____
Participant Please Print Your Name

Date _____
Witness' Signature *(Cannot be Beneficiary)*