

# IBEW Local 347 Electrical Workers Health and Welfare Fund

PO Box 26068  
Salt Lake City, UT 84126-0068

CompuSys of Utah, Inc.

Toll Free (844) 347-IBEW (4239)  
Fax (801)973-1007

## BENEFICIARY DESIGNATION FORM

Please complete this form and mail it to:

IBEW Local 347 Health and Welfare Fund  
P.O. Box 26068  
Salt Lake City, UT 84126-0068

**In order to be valid, this form must be completed, signed, and received by the Plan Administrator prior to the death of the Participant.**

**Note:** If you designate your spouse as your Beneficiary, the Beneficiary designation shall automatically become null and void upon divorce. In the event you designate your spouse and another individual as your Designated Beneficiaries, only the portion of the Beneficiary Designation that relates to your spouse will automatically become null and void upon divorce. If you get divorced and you want your ex-spouse to remain your Designated Beneficiary, you must file a new Beneficiary Designation Form with the Fund Office after your divorce.

You may name either an individual(s) or an organization to receive the Death Benefit payment.

Participant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_ Gender \_\_\_\_\_

**Please list your Primary Beneficiary(ies) and Secondary Beneficiary(ies) (if applicable) and provide all of the information requested below for each Beneficiary. Your Primary Beneficiary(ies) is the person(s) who will receive your Death Benefit if (s)he is alive at the time of your death. If you name more than one Primary Beneficiary, you should specify the percentage of your Death Benefit that you would like to allocate to each Primary Beneficiary. The total percentage for your Primary Beneficiary(ies) must equal 100%.**

**Your Secondary Beneficiary is the person(s) who will receive your Death Benefit if none of your Primary Beneficiary(ies) survives you (or, if your only Primary Beneficiary is your ex-spouse and the designation is void because of your divorce). If you name more than one Secondary Beneficiary, you should specify the percentage of your Death Benefit that you would like to allocate to each Secondary Beneficiary. The total percentage for your Secondary Beneficiary(ies) must equal 100%.**

### Primary Beneficiary(ies)

Beneficiary Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ %  
Percentage

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ %  
Percentage

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Secondary Beneficiary(ies)

Beneficiary Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ %  
Percentage

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ %  
Percentage

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_