

**JOINT WELFARE FUND  
LOCAL UNION 164, IBEW  
BENEFICIARY DESIGNATION/CHANGE FORM**

**Please return completed form to: Fabian & Byrn, LLC, 425 Eagle Rock Ave., Ste. 105, Roseland NJ 07068**

**1. EMPLOYEE INFORMATION**

Last Name	First Name	Middle Initial	Date of Birth: _____/_____/_____		
Address: _____	Street _____	City _____	State _____	Zip _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

**2. BENEFICIARY DESIGNATION:** I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death designate the following:

**A. Primary Beneficiaries**

Beneficiary Description	First Name	MI	Last Name	Address (include city, state, zip)	Relationship	Date of Birth
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						

**B. Secondary Beneficiaries**

Beneficiary Description	First Name	MI	Last Name	Address (include city, state, zip)	Relationship	Date of Birth
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other						

**3. TRUST DESIGNATION – COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2**

Trustee's Name (First, MI, Last)	Address (include city, state, zip)

Employee's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**The employee must sign and date this form. The signature date must be the date the employee actually signed the form**