

**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		
Address:	Street	City	State	Zip
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Date of Birth: _____/_____/_____	
			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