

PARTICIPANT INFORMATION

Social Security # _____ Date of birth (mm/dd/yyyy) _____
Name _____
Address _____
City _____ State _____ Zip _____

BENEFICIARY INFORMATION

More beneficiaries are listed on page 2.

Primary Beneficiaries
(combined total must equal 100%)

Individual (First, Middle Initial, Last) or Trust _____
Social Security # OR Tax Identification Number for a Trust _____
Birth/Trust Date _____ Percentage _____ % Relationship _____

Secondary Beneficiaries
(combined total must equal 100%)

Individual (First, Middle Initial, Last) or Trust _____
Social Security # OR Tax Identification Number for a Trust _____
Birth/Trust Date _____ Percentage _____ % Relationship _____

Individual (First, Middle Initial, Last) or Trust _____
Social Security # OR Tax Identification Number for a Trust _____
Birth/Trust Date _____ Percentage _____ % Relationship _____

Individual (First, Middle Initial, Last) or Trust _____
Social Security # OR Tax Identification Number for a Trust _____
Birth/Trust Date _____ Percentage _____ % Relationship _____

AUTHORIZATION

Let it be known that my signature on this IBEW Local Union 697 Sub Fund death benefit form specifically negates and revokes any and all other IBEW Local Union 697 Sub Fund death benefit forms signed heretofore and my intention regarding beneficiary or beneficiaries is as designated hereon.

Signature _____ Date _____

The foregoing "Authorization" was acknowledged before me on _____ Date _____

Notary Public _____

**Return completed form to:
7200 Mississippi Street, Suite 300, Merrillville, Indiana 46410
Phone: (219) 845-4433 or (219) 940-6181**

BENEFICIARY INFORMATION continued

**Primary Beneficiaries
(continued)**

**Secondary Beneficiaries
(continued)**

Individual (First, Middle Initial, Last) or Trust

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Social Security # OR Tax Identification Number for a Trust

_____%
Birth/Trust Date Percentage Relationship

_____%
Birth/Trust Date Percentage Relationship

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