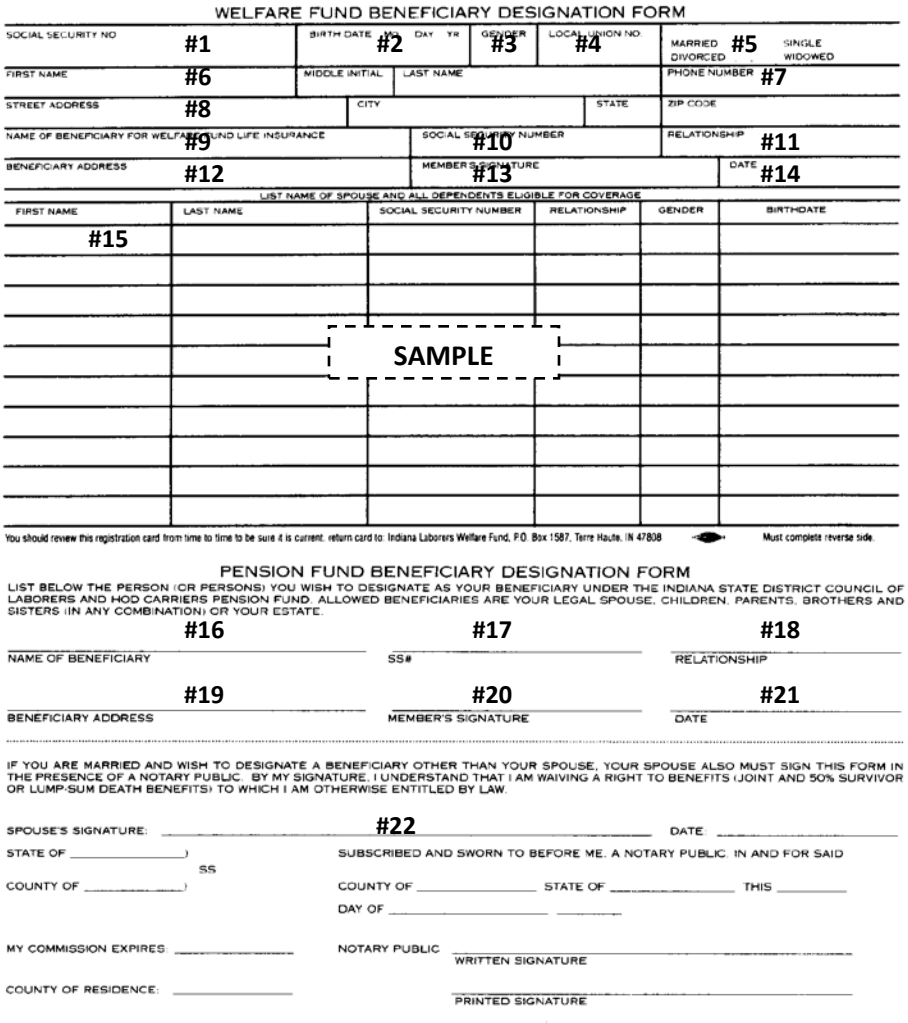
INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM

WELFARE FUND

#1 - Member's SSN
#2 - Member's Date of Birth
#3- Member's Gender
#4- Member's Local Union Number
#5- Member's Marital Status
#6- Member's Full Name
#7- Member's Telephone Number
#8- Member's Address
#9- **Welfare Beneficiary Name**
(Beneficiary of $10,000 Death Benefit)
#10- Welfare Beneficiary SSN
#11- Welfare Beneficiary Relationship
#12- Welfare Beneficiary Address
#13- **Member's Full Signature**
(If not signed card will be invalid)
#14- Date of Signature
#15- **Spouse & Dependent**(s) full name, SSN, Relationship, Gender, and Date of Birth

PENSION FUND

#16- **Pension Beneficiary Name**
(Must be legal spouse or immediate family)
#17- Pension Beneficiary SSN
#18- Pension Beneficiary Relationship
#19- Pension Beneficiary Address
#20- **Member's Full Signature**
(If not signed, information is invalid)
#21- Date of Signature
#22- If you are married and you list someone other than your spouse for your Pension Beneficiary this section must be signed by your spouse in the presence of a notary.



WELFARE FUND BENEFICIARY DESIGNATION FORM

SOCIAL SECURITY NO #1 | BIRTH DATE MO DAY YR #2 | GENDER #3 | LOCAL UNION NO. #4 | MARRIED DIVORCED SINGLE WIDOWED #5

FIRST NAME #6 | MIDDLE INITIAL | LAST NAME | PHONE NUMBER #7

STREET ADDRESS #8 | CITY | STATE | ZIP CODE

NAME OF BENEFICIARY FOR WELFARE FUND LIFE INSURANCE #9 | SOCIAL SECURITY NUMBER #10 | RELATIONSHIP #11

BENEFICIARY ADDRESS #12 | MEMBER'S SIGNATURE #13 | DATE #14

LIST NAME OF SPOUSE AND ALL DEPENDENTS ELIGIBLE FOR COVERAGE

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	GENDER	BIRTHDATE
#15					

SAMPLE

You should review this registration card from time to time to be sure it is current. return card to: Indiana Laborers Welfare Fund, P.O. Box 1587, Terre Haute, IN 47808 — Must complete reverse side.

PENSION FUND BENEFICIARY DESIGNATION FORM

LIST BELOW THE PERSON (OR PERSONS) YOU WISH TO DESIGNATE AS YOUR BENEFICIARY UNDER THE INDIANA STATE DISTRICT COUNCIL OF LABORERS AND HOD CARRIERS PENSION FUND. ALLOWED BENEFICIARIES ARE YOUR LEGAL SPOUSE, CHILDREN, PARENTS, BROTHERS AND SISTERS (IN ANY COMBINATION) OR YOUR ESTATE.

#16 NAME OF BENEFICIARY | #17 SS# | #18 RELATIONSHIP

#19 BENEFICIARY ADDRESS | #20 MEMBER'S SIGNATURE | #21 DATE

IF YOU ARE MARRIED AND WISH TO DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE, YOUR SPOUSE ALSO MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC. BY MY SIGNATURE, I UNDERSTAND THAT I AM WAIVING A RIGHT TO BENEFITS (JOINT AND 50% SURVIVOR OR LUMP-SUM DEATH BENEFITS) TO WHICH I AM OTHERWISE ENTITLED BY LAW.

SPOUSE'S SIGNATURE: #22 DATE

STATE OF _____)
SS
COUNTY OF _____)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY OF _____ STATE OF _____ THIS _____ DAY OF _____

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC _____ WRITTEN SIGNATURE

COUNTY OF RESIDENCE: _____

_____ PRINTED SIGNATURE