



Chicago & Vicinity Laborers' District Council

Health & Welfare Fund • Retiree Health & Welfare Fund

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PENSIONERS' PRIMARY BENEFICIARY DESIGNATION FOR DEATH BENEFIT

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE
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ADDRESS OF PENSIONER	CITY	STATE	ZIPCODE
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YOUR PRIMARY BENEFICIARY OR BENEFICIARIES WILL RECEIVE PAYMENT UPON YOUR DEATH. IF MORE THAN ONE BENEFICIARY IS DESIGNATED, SETTLEMENT WILL BE MADE IN EQUAL SHARES TO SRUVIVING BENEFICIARIES AT THE TIME OF DEATH. UNLESS OTHERWISE PROVIDED HEREIN, YOU HEREBY REVOKE BENEFICIARIES PREVIOUSLY DESIGNATED.

PLEASE LIST YOUR PRIMARY BENEFICIARY (OR BENEFICIARIES) BELOW.

NAME OF PRIMARY BENEFICIARY	RELATIONSHIP
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(Note: If you elect your spouse as beneficiary, this election will be revoked upon divorce.)

SOCIAL SECURITY NUMBER OF PRIMARY BENEFICIARY

ADDRESS OF PRIMARY BENEFICIARY

SIGNATURE OF PENSIONER	DATE SIGNED
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PENSIONERS' CONTINGENT BENEFICIARY DESIGNATION FOR DEATH BENEFIT

YOUR PRIMARY BENEFICIARY SHOULD BE MADE IN THE ABOVE SECTION. YOUR CONTINGENT BENEFICIARY WILL ONLY RECEIVE PAYMENT IF YOUR PRIMARY BENEFICIARY OR BENEFICIARIES DIE BEFORE THE DEATH BENEFIT PAYMENT IS MADE. IF MORE THAN ONE CONTINGENT BENEFICIARY IS DESIGNATED, SETTLEMENT WILL BE MADE IN EQUAL SHARES TO SURVIVING BENEFICIARIES AT THE TIME OF DEATH.

PLEASE LIST YOUR CONTINGENT BENEFICIARY *OR BENEFICIARIES+BELOW.

NAME OF CONTINGENT BENEFICIARY	RELATIONSHIP
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SOCIAL SECURITY NUMBER OF CONTINGENT BENEFICIARY

ADDRESS OF CONTINGENT BENEFICIARY

SIGNATURE OF PENSIONER	DATE SIGNED
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