

**Electrical Construction Trust Funds, Local 103, I.B.E.W.  
Beneficiary Form**

**Participant Information:**

_____ / ____ / ____		- ____ - ____
Name of Participant	Date of Birth	Social Security Number
_____ Apt. # _____		State _____ Zip Code _____
(____) _____ - _____		____ / ____ / ____
Telephone Number		Date Completed

**\*In the boxes to the left, please indicate (P) for Primary and/or (C) for Contingent**

**Health Benefit Plan Beneficiary**

<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant

**Pension Fund Beneficiary**

<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant

**Deferred Income Fund Beneficiary**

<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Soc. Sec. No.	Relationship	Signature of Participant

**IMPORTANT**

**Notary Information:**

*\*This form will not be accepted unless it has been notarized*

The Commonwealth of Massachusetts \_\_\_\_\_ (Insert County)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, who proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be person whose name is signed on this document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Signature

Seal Stamp

***For Office Use Only:***

Date Beneficiary Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received: Mail \_\_\_\_\_ In Person \_\_\_\_\_

Received By: \_\_\_\_\_

**This form must be notarized**