



BENEFICIARY FORM FOR THE WELFARE FUND

Name of Participant: _____
(Print Clearly)

SS# _____ Date _____

Please keep in mind the following:

1. If you are leaving the monies to more than one individual as primary beneficiary, the percentage amount given to all primary beneficiaries must add up to 100%.
2. The Welfare Fund will provide you with signed confirmation attesting to the receipt of this document. If you do not receive this verification, it means the Welfare Fund never received your Welfare Fund Beneficiary Form.

Members/Participant Affidavit

I certify to the Board of Trustees that I am of sound mind and competent to execute this form. I understand that under the Internal Revenue Service guidelines, death benefit proceeds are taxable. As such my beneficiaries will receive a tax form for any death benefit proceeds they collect.

Signature _____ Date _____

Primary Beneficiary Election – Please Print Clearly

I hereby request the primary beneficiary for my Welfare Death Benefit to go to:

1.	_____	____/____/____	____ - ____ - ____
	Name	Date of Birth	Social Security Number
	_____	_____	<input type="text"/> %
	Relationship	Address	Percentage

2.	_____	____/____/____	____ - ____ - ____
	Name	Date of Birth	Social Security Number
	_____	_____	<input type="text"/> %
	Relationship	Address	Percentage

3.	_____	____/____/____	____ - ____ - ____
	Name	Date of Birth	Social Security Number
	_____	_____	<input type="text"/> %
	Relationship	Address	Percentage

4.	_____	____/____/____	____ - ____ - ____
	Name	Date of Birth	Social Security Number
	_____	_____	<input type="text"/> %
	Relationship	Address	Percentage

TOTAL: 100%



For Office Use Only

Date Received: _____ Date Entered: _____

Name of Individual Entering Information: _____

Date Mailed Back to Participant: _____

Date Original Central Pension Fund Form Forwarded to C.P.F.: _____

Welfare Fund Form Deemed Complete Incomplete

Annuity Fund Form Deemed Complete Incomplete

Original Welfare Form, Annuity Form & copy of Central Pension Fund Form enclosed: Yes No

Comments: _____

Signed: _____ Date: _____