



Amalgamated Transit Union Local 726 Benefit Fund Designation of Beneficiary

GROUP POLICY HOLDER NAME ATU LOCAL 726 BENEFIT FUND				BSC & PASS No.	
NAME LAST	FIRST	M.I.	BIRTHDATE MM/DD/YYYY	Social Security #	
EMPLOYEES HOME ADDRESS STREET					
CITY	STATE	ZIP	TELEPHONE NO		
Beneficiary(s)					
Primary					
Name _____		Date of Birth ____/____/____		Percentage _____	
Last	First	MI	City _____	State _____	Zip Code _____
Address _____					
Social Security # ____ - ____ - ____		Relationship _____		Phone # _____	
Primary/Contingent (circle one)					
Name _____		Date of Birth ____/____/____		Percentage _____	
Last	First	MI	City _____	State _____	Zip Code _____
Address _____					
Social Security # ____ - ____ - ____		Relationship _____		Phone # _____	
Primary/Contingent (circle one)					
Name _____		Date of Birth ____/____/____		Percentage _____	
Last	First	MI	City _____	State _____	Zip Code _____
Address _____					
Social Security # ____ - ____ - ____		Relationship _____		Phone # _____	
Primary/Contingent (circle one)					
Name _____		Date of Birth ____/____/____		Percentage _____	
Last	First	MI	City _____	State _____	Zip Code _____
Address _____					
Social Security # ____ - ____ - ____		Relationship _____		Phone # _____	
Employees Signature					Date