

IBEW Local #81 Health & Welfare Fund

c/o Fabian & Byrn LLC
425 Eagle Rock Avenue, Suite 105
Roseland, NJ 07068
Phone #: 888-335-0133
Fax #: 973-228-4240

Designation of Beneficiary Form

The following beneficiary(ies) is designated to receive the benefits under the Plan which are payable upon my death subject to the above paragraph. I understand that if I have designated more than one beneficiary, payments will be made equally to them, unless otherwise indicated on this form. This designation supercedes any prior designation and shall remain effective until I execute a subsequent beneficiary designation made in writing and signed by me.

Primary Beneficiary (ies) _____

Address: _____

Relationship to Participant: _____

Contingent Beneficiary (ies): _____

Address: _____

Relationship to Participant: _____

THIS QUESTION MUST BE ANSWERED: Are you Single ? _____ Married ? _____

Date: _____

_____ Print Participant's Name

_____ Participant Signature

_____ Participant Current Address

_____ Participant S.S. #

_____ Address Continued

_____ Participant Date of Birth