



DESIGNATION/CHANGE OF BENEFICIARY Local 4 Death Benefit

MEMBER INFORMATION (Please Print)

Name	Registration #
Street Address	City State Zip Code
Phone Number	Email Address

PRIMARY BENEFICIARY(IES)	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENTAGE
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENTAGE
CONTINGENT BENEFICIARY(IES)	
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENTAGE
NAME	DATE OF BIRTH
ADDRESS	
RELATIONSHIP	BENEFIT PERCENTAGE

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of the said beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me. Under penalties of perjury, I declare that the information I have furnished above, to my knowledge and belief, is true and complete.

Member Signature _____
Date

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the Local 4 Death Benefit in the event of death. If more than one primary beneficiary has been named, and the specific percentage has not be designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the Local 4 Death Benefit in the event of death and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

RETURN FORM TO: IUOE Local 4, 16 Trotter Drive, Medway, MA 02053