

**LAKE COUNTY INDIANA N.E.C.A. - I.B.E.W., LOCAL 697
HEALTH & BENEFIT LIFE INSURANCE / DEATH BENEFIT
BENEFICIARY FORM**

PARTICIPANT INFORMATION

Social Security # _____ Date of Birth (mm/dd/yyyy) _____
Name _____
Address _____
City _____ State _____ Zip _____

BENEFICIARY INFORMATION

Primary Beneficiaries (combined total must equal 100%)

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

Secondary Beneficiaries (combined total must equal 100%)

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

Individual (First, Middle Initial, Last) or Trust

Social Security # OR Tax Identification Number for a Trust

Birth/Trust Date Percentage % Relationship

AUTHORIZATION

Let it be known that my signature on this Lake County Indiana ,N.E.C.A.-I.B.E.W., Local 697 Health & Benefit Life Insurance/Death Benefit Beneficiary form specifically negates and revokes any and all other Lake County Indiana, N.E.C.A.-I.B.E.W., Local 697 Health & Benefit Life Insurance/Death Benefit Beneficiary form signed heretofore and my intention regarding beneficiary or beneficiaries is as designated hereon.

Signature _____ Date _____

The foregoing "Authorization" was acknowledged before me this _____ day of _____ 2_____.

Notary Public _____