

# U A Local 13 Insurance Fund Beneficiary Election Form

**To the Board of Trustees:**

In accordance with the provisions of U A Local 13 Group Insurance Plan, I hereby designate the following beneficiaries to receive any benefits which may become payable under the Plan an account of my death:

(1) \_\_\_\_\_  
**First Name      Middle Name      Last Name                      Relationship**

(2) \_\_\_\_\_  
**First Name      Middle Name      Last Name                      Relationship**

(3) \_\_\_\_\_  
**First Name      Middle Name      Last Name                      Relationship**

YOU MAY LIST ONE OR MORE BENEFICIARIES however; the person named on line (1) will receive ALL benefits payable. If the person named on line (1) is deceased at the time of your death, all benefits will then be payable to the person named on line (2). If both of the persons named on lines (1) and (2) above are deceased, all benefits would then be payable to the person named on line (3). This election is made in lieu of any beneficiary designation you may have previously submitted to the Fund Office.

YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME however, you must fill out another Beneficiary Election Form, and file it at the Fund Office before it becomes effective.

If you have any questions concerning how this Form should be completed, please contact the Group Insurance Fund Office.

Dated: \_\_\_\_\_  
Participant Signature

Dated: \_\_\_\_\_  
Participant **Please Print your Name**

Dated: \_\_\_\_\_  
Witness' Signature (*Cannot be Beneficiary*)