



CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
HEALTH AND WELFARE FUND

DESIGNATION OF BENEFICIARY

RETURN TO: Central States, Life Insurance Department, PO Box 5118, Des Plaines, IL 60017-5118

PARTICIPANT INFORMATION - Please print or type:

LEGAL LAST NAME	LEGAL FIRST NAME	MI	MEMBER SSN

LIFE INSURANCE BENEFICIARY - If desired, list primary and contingent beneficiaries:

BENEFICIARY LAST NAME	BENEFICIARY FIRST NAME	MI	RELATIONSHIP TO PARTICIPANT

Below is an example of naming primary and contingent beneficiaries for Life Insurance in the Health and Welfare Plan.

Example: Mary Jane Doe, wife, if living, otherwise to Ronald John Doe, son, and Elizabeth Ann Doe, daughter, in equal shares if both are living, if not, to the one who survives. Use a separate piece of paper when naming primary and contingent beneficiaries. **State this information fully, sign, date and attach** to this card.

BY SIGNING BELOW, I REVOKE ANY PREVIOUS DESIGNATION AND FULLY UNDERSTAND THAT THE ABOVE BENEFICIARY WILL REMAIN IN EFFECT UNTIL SUCH TIME THAT I DESIGNATE A DIFFERENT BENEFICIARY, IN WRITING, TO THE FUND.

PARTICIPANT'S SIGNATURE

DATE SIGNED

LOCAL UNION NO.

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TO VALIDATE THIS CARD YOUR SIGNATURE AND DATE SIGNED IS NECESSARY

03/30/2006