

**IBEW LOCAL 716 PENSION & RETIREMENT FUNDS
ENROLLMENT / BENEFICIARY CARD**

SS# _____ Name _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Local Union _____ Sex _____

Marital Status _____ Telephone _____

Email Address _____

BENEFICIARY DESIGNATION

I HEREBY DESIGNATE MY BENEFICIARY

Name _____ Relationship _____

Date of Birth _____ Date of Marriage _____ SS# _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Telephone _____

Date

Signature of Member