

**IBEW 861 PENSION FUND
BENEFICIARY DESIGNATION FORM**

Participant Information

Name: _____ Sex: M or F
 SS #: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip _____
 Home Phone # _____ Cell Phone # _____
 Marital Status: ___ Married ___ Single Date of Marriage: _____

Your spouse is automatically your beneficiary who will be paid the death benefit, if any, under this Plan when you die. If your spouse is not living or if you have been married for less than one year, your dependent children will be paid the death benefit, if any. **Use Jane S. not Mrs. John Doe.**

Type of Beneficiary	Beneficiary Name(s) and Date(s) of Birth	Address	Social Security Number
Spouse			
Dependent Child			
Dependent Child			
Other			
Other			

Signature

Date