

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

P.O. Box 5057, San Jose, CA 95150-5057 • (408) 288-4400 • (800) 541-8059

Beneficiary Designation Form

The purpose of this form is for you to designate (or change a previous designation) of your beneficiary under the following plans:

1. Sacramento Area Electrical Workers Health & Welfare Trust
2. Sacramento Area Electrical Workers Pension Trust

Any Death Benefits payable under the aforementioned plans will be made payable to the beneficiaries so designated.

Name of Participant (Employee):

Last	First	Middle	Social Security Number
Street Address		City	State Zip
Date of Birth	Local Union No.	City	State

Beneficiary Designations

Please print full name- Example: Mary A Doe, not Mrs. John Doe
 Example of Contingent Beneficiaries is as follows: To my spouse, Mazy A Doe, if living; if not living, then to my surviving children, share and share alike.

1) Health and Welfare Trust	Last	First	Middle	Social Security No.
	Street	City	State	Zip
	Date of Birth	Relationship		
2) Pension Trust	Last	First	Middle	Social Security No.
	Street	City	State	Zip
	Date of Birth	Relationship		

- 1a) Contingent Beneficiary Health & Welfare Trust _____
- 2a) Contingent Beneficiary Pension Trust _____

I designate the Beneficiary or Beneficiaries on this form as my Beneficiary or Beneficiaries under the Plan named above.

Signature: _____

Dated at: _____ this _____ day of _____ 20 _____

INSTRUCTIONS: Mail this form to the Plan's Administrative Office at the address shown above. These beneficiary designations shall take effect only when received by the. Plan's Administrative Office