

Heat & Frost Insulators Local 17 Benefit Funds

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LIFE BENEFICIARY DESIGNATION

General Information:

Name _____
Address _____
City, State, Zip _____
Telephone Number _____
Social Security # _____ Email _____

Date of Birth _____
Marital Status: _____
Single _____
Married _____
Divorced _____

I hereby designate the following as my PRIMARY beneficiary(ies), or the survivors of them, to receive benefits payable at my death in equal shares (*Shares must total 100%*). **Beneficiaries must be age 18 years or older.** If your form is received with a minor listed as beneficiary, it will not be accepted and returned to you so that it can be completed correctly.

A. (1) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ Percentage _____ %
Date of Birth _____ Relationship _____

(2) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ Percentage _____ %
Date of Birth _____ Relationship _____

If necessary, you may add additional beneficiaries on a separate piece of paper and attach it to this form.

If the person(s) named above pass away before me, I then designate the following as my contingent beneficiary(ies) to receive the benefits payable at my death in equal shares (*Shares must total 100%*):

B. (1) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ Percentage _____ %
Date of Birth _____ Relationship _____

(2) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ Percentage _____ %
Date of Birth _____ Relationship _____

SIGNATURE OF INSURED _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

(OTHER THAN BENEFICIARY)