



Laborers' District Council  
of the Metropolitan Area of  
Philadelphia and Vicinity

# Laborers' District Council Benefit Funds Beneficiary Designation Form

## I. Member Information

**ALL SIGNATURE LINES MUST BE COMPLETE. Print all information and sign where indicated.**

Member Name (full legal name required) (Last Name, First, MI)	Social Security Number	Date of Birth	<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	Local Union No.
Street Address	City	State	Zip	Telephone Number
<b>Marital Status</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed				

## II. Beneficiary Designation

**ALL SIGNATURE LINES MUST BE COMPLETE. Print all information and sign where indicated.**

I, \_\_\_\_\_, on the date below mentioned, **hereby revoke and make void any prior declaration(s)** of beneficiary and declare and designate the person(s) named herein below as my beneficiary.

I understand that this Beneficiary Designation Form and beneficiary denominated below shall not supplant or modify any terms, conditions or provisions relating to benefits authorized to be administered by any Laborers' District Council Benefit Fund as directed by its trust document or summary plan description.

You may name multiple beneficiaries if you choose. If you name multiple beneficiaries, you must also specify the percentage share each beneficiary will receive.

### Beneficiary Information (full, legal name required)

First Name	Middle Initial	Last Name	Date of Birth	Relationship	Percentage

I, the undersigned below, agree that I have read this form and by my signature agree to be legally bound by all the terms and conditions contained herein.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Laborers' District Council Benefit Funds of the Metropolitan Area of Philadelphia and Vicinity reserves the right to verify any and all information set forth on this Beneficiary Declaration, including verification of the validity of any documentation shown in support of this declaration.**

**Please contact Member Services at (877) LABOR-77, (215) 236-6700 or (215) 765-4633 for any questions relating to this form.**

July 2011