

EMPLOYEE BENEFITS 180 Livingston Street, Room 6008 Brooklyn, NY 11201

Tel: (347) 643-8550

Clock-in-Date

For Office Use Only

TWU LOCAL-100, ATU LOCAL-726, ATU LOCAL-1056 DEATH BENEFIT – BENEFICIARY DESIGNATION FORM

Please complete, sign, date, and return this original form to Employee Benefits at the above address.		
Employee Information: Pass Number		
Union Affiliation TWU Local-100 ATU Local-726 ATU Local-1056		
First Name Middle Initial		
Last Name Date of Birth Date of Birth		
Home Phone # Work Phone # AREA CODE Work Phone #		
If more than one beneficiary is named, the death benefit will be paid in equal shares to the designated beneficiaries.		
Designation of Beneficiaries:		
First Name Middle Initial		
Last Name SS #		
Relationship Date of Birth Date of Birth		
Address Apt. Number		
City State Zip Code		
If this beneficiary is a minor, check here and complete the guardian information on Form 116		
- First Name Middle Initial		
Last Name SS #		
Relationship Date of Birth		
Address Apt. Number		
City State Zip Code		
If this beneficiary is a minor, check here and complete the guardian information on Form 116		
- First Name Middle Initial		
Last Name		
Relationship Date of Birth		
Address Apt. Number		
City State Zip Code		
If this beneficiary is a minor, check here and complete the guardian information on Form 116		
First Name Middle Initial		
Last Name SS # SS # SS # ST		
Relationship Date of Birth		
Address Apt. Number 77. G. I		
City State Zip Code		
If this beneficiary is a minor, check here and complete the guardian information on Form 116		

Please Sign this form, Page 2



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Employee Information:	Pass Number
Designation of Beneficiaries continued:	
First Name	Middle Initial
Last Name	
Relationship	Date of Birth
	Apt. Number
	If this beneficiary is a minor, check here and complete the guardian information on Form 116
First Name	Middle Initial
Last Name	
D 1	Date of Birth
Address	, , , , , , , , , , , , , Apt. Number
City	State Zip Code
	If this beneficiary is a minor, check here and complete the guardian information on Form 116
First Name	
<u> </u>	
	Date of Birth
Address	M M D D Y Y Y Y
City	Apt. Number
City The Transfer of the City	If this beneficiary is a minor, check here and complete the guardian information on Form 116
	Activities 1
First Name	Middle Initial
D 1 4 11	
	Date of Birth
Address	Apt. Number
City	State Zip Code Zip Code
L	If this beneficiary is a minor, check here and complete the guardian information on Form 116
* In the event of the death of one	e or more of your named beneficiary (ies), you must elect one of the following options:
#1 O Distribute the entire b	penefit among the surviving beneficiaries.
# 2 O Distribute the share assigned to the deceased beneficiary equally among his/her heirs.	
#3 Return the share assign	gned to the deceased beneficiary to my estate.
#4 Other – Specify:	
Outer Specify.	-
Employee's Signature:	Date:Date: