



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

Clock-in-Date

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 \_\_\_\_\_

Home Phone # \_\_\_\_\_ 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 \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_ 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**

**Please Sign this form, Page 2**



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

**Employee Information:** Pass Number \_\_\_\_\_

**Designation of Beneficiaries continued:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_  
M M D D Y Y Y Y  
 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 \_\_\_\_\_  
M M D D Y Y Y Y  
 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 \_\_\_\_\_  
M M D D Y Y Y Y  
 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 \_\_\_\_\_  
M M D D Y Y Y Y  
 Address \_\_\_\_\_ Apt. Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If this beneficiary is a minor, check here and complete the guardian information on **Form 116**

\* In the event of the death of one or more of your named beneficiary (ies), you must elect one of the following options:

- # 1  Distribute the entire benefit among the surviving beneficiaries.
- # 2  Distribute the share assigned to the deceased beneficiary equally among his/her heirs.
- # 3  Return the share assigned to the deceased beneficiary to my estate.
- # 4  Other – Specify: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
M M D D Y Y Y Y