# CWA LOCAL 1181SECURITY BENEFITS FUND

## *** LIFE INSURANCE BENEFICIARY DESIGNATION FORM ***

**PLEASE COMPLETE AND SIGN THIS FORM IN INK MAKE A COPY FOR YOUR RECORDS AND RETURN THE SIGNED ORIGINAL TO:**

**CWA LOCAL 1181 SBF**
**c/o ADMINISTRATIVE SERVICES ONLY, INC.**
**303 MERRICK ROAD, SUITE 300**
**LYNBROOK NY 11563**

## SECTION I MEMBER INFORMATION (be sure to sign/date and must have form witnessed below)

| LAST NAME | FIRST NAME | MI | SOC SEC NO | DATE OF BIRTH |
|---|---|---|---|---|
| | | | | |

| ADDRESS | APT NO | CITY | ST | ZIP |
|---|---|---|---|---|
| | | | | |

| HOME PHONE | CELL | EMAIL |
|---|---|---|
| | | |

## SECTION II PRIMARY BENEFICIARY INFORMATION (See Reverse Side for Definition)

| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
|---|---|---|---|---|
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |
| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |
| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |

## SECTION III CONTINGENT BENEFICIARY INFORMATION (See Reverse Side for Definition)

| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
|---|---|---|---|---|
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |
| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |
| FULL NAME | ADDRESS | APT NO | SOCIAL SECURITY NO | DATE OF BIRTH |
| | CITY | ST ZIP | RELATIONSHIP | TELEPHONE NO. |

## SECTION IV AUTHORIZATION (THIS FORM MUST BE SIGNED AND WITNESSED)

***** Form must be witnessed by a person *not* named as a primary beneficiary or contingent beneficiary *****

By my signature below, I revoke any Beneficiary Designations previously made, authorize payment to the beneficiary(ies) designated above, and agree, on behalf of myself and my heirs, that payment made to such beneficiaries shall be a complete discharge of any claim for such benefits and shall constitute a release of the Plan from any further obligation.

| | |
|---|---|
| **Member Signature:** **Date:** | **Witness Signature:** **Date:** |
| **Member Name (Print):** | **Witness Name (Print):** |
| | **Address:** |