

**I.U.O.E. VACATION SAVINGS PLAN**  
**BENEFICIARY DESIGNATION**  
 6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994  
 708-482-7300

Important read Section C (Beneficiary conditions) on the reverse side before completing this beneficiary card.

**Section A - Member Information**

Last Name	First Name	Initial	Date of Birth	Social Security Number

**Section B** - In the event of my death I hereby designate the following to be my beneficiary(ies) of my **Local 150 I.U.O.E Vacation Savings Plan**. I reserve the right without the consent of the beneficiary, to further change the beneficiary subject to any statutory restrictions. (Beneficiaries may be a person, trust, estate or other legal entity.)

*If the beneficiary's address is different from the member, please show the beneficiary's address on the reverse side of this card.*

**PRIMARY BENEFICIARY(ies)**

	Last Name	First Name	Initial	Social Security Number	Relationship	Percentage
1						
2						
3						
4						
5						
6						

**CONTINGENT BENEFICIARY(ies)**

Used only if the above primary beneficiary(ies) dies before you do.

	Last Name	First Name	Initial	Social Security Number	Relationship	Percentage
7						
8						
9						
10						
11						
12						

**The designation of beneficiaries on this card supersedes all prior designations of beneficiaries I have made.**

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Member's address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

**Upon completion, please mail to address listed above or fax to 708-352-3310.**

*If necessary, complete other side.*

**Section C - Beneficiary Conditions**

Members may designate primary and contingent (when no primary beneficiary(ies) survive the death of the Beneficiaries will receive equal shares, unless specific percentages are indicated.

Beneficiary designations may be changed at any time by filing a new form with the Fringe Benefit Fund office.

If a beneficiary has not been designated or all designated beneficiaries have died prior to the member's death,

***It is the responsibility of the member to keep the designation of the beneficiary and the beneficiary's address current.***

**PRIMARY BENEFICIARY ADDRESS:**      ***Complete only if address is different than the members.***

	Street address	City	State	Zip Code
1				
2				
3				
4				
5				
6				

**CONTINGENCY BENEFICIARY ADDRESS:**      ***Complete only if address is different than the members.***

	Street address	City	State	Zip Code
7				
8				
9				
10				
11				
12				

***Beneficiary becomes effective on the date the form is received at the Fringe Benefit office.***