



## DESIGNATION OF BENEFICIARY

This designation shall only be effective when delivered and filed with NABET-CWA Local #11, duly executed by an active member and during the lifetime of the beneficiary designated.

I, \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

do hereby designate \_\_\_\_\_ Relationship \_\_\_\_\_

residing at \_\_\_\_\_

as my beneficiary, if living, to receive any and all sums of money paid under and by virtue of the terms and conditions of the Local Union Executive Board's Resolution of October 6, 1976 concerning the Severance Benefit.

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I hereby reserve the right to change the beneficiary herein designated. The delivery of a subsequently executed Designation of Beneficiary Form shall constitute a change of beneficiary. Payment of proceeds to a designated beneficiary or, if none, to the beneficiary determined by the said Union as entitled to such proceeds under said resolution shall discharge the said Union from any and all liability to the extent of such payment.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF MEMBER