

Retired Air Force "A" Member of the IBEW

<input type="checkbox"/> MR	First Name	Mi	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Local Union	Card Number	Social Security Number
	E-Mail		

If naming an individual, please complete this section and type one or additional beneficiaries' names on Form No. 124C.

<input type="checkbox"/> MR	First Name	MII	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

<input type="checkbox"/> MR	First Name	MII	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

<input type="checkbox"/> MR	First Name	MII	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

If naming a corporation, trust, etc., please complete this section

Name of Organization, Institution or Trust

Address (Street & Number)

City State Zip Code+4

BENEFICIARY DESIGNATION FORM - Additional Beneficiaries

For Death Benefits from the IBEW Pension Fund
Retired Active Members of the IBEW

Section A: Member's Information

Section C: Member's Information

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS	Local Union	Card Number	Social Security Number
<input type="checkbox"/> MS	Local Union	Card Number	Social Security Number
<input type="checkbox"/> MRS	E-Mail		
<input type="checkbox"/> MRS	E-Mail		

Section B: Beneficiary Information

Section D: Additional Beneficiary Information

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No.124C.

<input type="checkbox"/> MR	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	First Name	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

If naming an organization or trust, please complete this section.

<input type="checkbox"/> MR	Name of Organization, Institution or Trust	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MS	Name of Organization, Institution or Trust	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	Name of Organization, Institution or Trust	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MRS	Name of Organization, Institution or Trust	MI	Last Name	Relationship	Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Today's Date (MM/DD/YYYY)

Notary or LU Seal

Member's Signature

Today's Date (MM/DD/YYYY)

Notary or LU Official's Signature

Printed Name and Title of LU Official or Notary

Mail Completed Form to:
IBEW
900 7th Street, NW
Washington, DC 20001
Attn: Pension & Death Claims Dept



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Form No 124C Rev 08/09/06 01/08