

# DESIGNATION OF BENEFICIARY FUND OFFICE RECORD CARD

PLEASE PRINT - MUST BE FILLED IN WITH INK

1. **MEMBER's FULL NAME** \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

2. **LOCAL:** \_\_\_\_\_

3. **ADDRESS** \_\_\_\_\_  
NO. STREET CITY OR BOROUGH ZIP STATE

4. **HOME PHONE** \_\_\_\_\_ 5. **WORK PHONE** \_\_\_\_\_ 6. **CELL PHONE** \_\_\_\_\_

7. **E-MAIL** \_\_\_\_\_ 8. **BIRTHDATE** \_\_\_/\_\_\_/\_\_\_ 9. **SOC. SEC. NO.** \_\_\_-\_\_\_-\_\_\_

10. **CHECK ONE:**  SINGLE  MARRIED (WEDDING DATE \_\_\_\_\_)  WIDOWED  DIVORCED  LEGALLY SEPARATED

11. **EMPLOYER NAME** \_\_\_\_\_ **START** \_\_\_\_\_ **TERMINATED** \_\_\_\_\_

12. **ADDRESS** \_\_\_\_\_  
NO. STREET CITY OR BOROUGH ZIP STATE

You may name one or more beneficiaries. Use full name such as Ann Smith not Mrs. John Smith. (If more space is needed, continued on the other side)

**NAME OF PRIMARY BENEFICIARY** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**NAME OF CONTINGENT BENEFICIARY** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

If more than one beneficiary is named, the death benefits, unless otherwise provided herein, will be paid in the above order to the designated beneficiaries who survive the employee: If no beneficiary survives, payment will be made in accordance with the rules adopted by the Trustees.  
 I understand that by my participation in this program for the Local; Any death benefit payable under such program or programs shall be payable to the beneficiary above names by me. I further understand that the beneficiary or beneficiaries may be changed by me at any time.

IF YOU HAVE NO DEPENDANTS WRITE NONE

LIST BELOW NAMES OF SPOUSE & UNMARRIED DEP. CHILDREN FULL NAME	CHECK RELATIONSHIP				DATE OF BIRTH		
	SPOUSE	DEPENDENT	M	F	MONTH	DAY	YEAR

If you need more space to list all dependent children, continue on back.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_  
(DO NOT PRINT)

Complete and mail to:  
 Attn: Enrollment Department  
 Daniel H. Cook Associates  
 253 West 35<sup>th</sup> Street- 12<sup>th</sup> Floor  
 New York, NY 10001

**\* New Members!!! Please include copies of the following:**

- Social Security Cards**
- Birth Certificates**
- Marriage Certificate or QDRO/Divorce Documents**
- Death Certificates**
- English translation for all foreign documents submitted**