

Office and Professional Employees Locals 30 & 537  
Retirement and Health & Welfare Trust Funds

Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894

**LIFE INSURANCE BENEFICIARY FORM**

(Please Type or Print Clearly)

Last Name			First	Middle	Social Security Number
Home Address					Date of Birth
City State and Zip					Local Union
Employer					Date Employed

Beneficiary for the policy shall be:

a)	Primary Beneficiary	Percentage	Relationship to Insured
b)	Contingent Beneficiary (paid only if primary beneficiaries are deceased)	Percentage	Relationship to Insured

Please include Beneficiary's address if is different from member's.

Signature – (This beneficiary designation cancels any prior beneficiary designation and shall be effective on the date received by the Administrative Office)	Date
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**DESIGNATING A BENEFICIARY**

If one individual is designated, use their full name, for example "Mary J. Smith", not "Mrs. John Smith".

If two individuals are to be named, designate as follows: "Mary Smith, wife and Dorothy Smith, daughter." Be sure to state the relationship, for example, "wife", "son", "daughter".

If more than one beneficiary is designated, benefits will be divided equally, unless you designated otherwise.

You must complete a new card to change your beneficiary designation. A card must be on file at the Administrative Office in order to be valid.

Contact the Administrative Office if you have any questions. (562) 463-5065 – (800) 386-4350

When form is completed mail to:

Office and Professional Employees Locals 30 & 537  
Retirement and Health & Welfare Trust Funds  
1200 Wilshire Blvd., 5<sup>th</sup> Floor  
Los Angeles, CA 90017-1906