PREFERENCE OF BENEFICIARY FORM

Name of Decea	ased Pa	articipant				
Social Security No				Local Union No		
only by the dec a parent of the the deceased's	eased's decease execut	widow or widower, if ed, if either survives. or or administrator.	f surviving. O Otherwise, b	therwise, by a child o y a brother or sister o	the above-named person. It is to be completed of the deceased, if any survives. Otherwise, by of the deceased, if any survives. Otherwise, by	
I,, residing (name of person completing form)				(street address)		
		, , , , , , , , , , , , , , , , , , , ,			,, swear by penalty (zip code)	
	(city)		(state)	(zip code)	
of perjury unde	r the lav	ws of Washington St	ate that the fo	pregoing is true and o	correct.	
WIDOW or WIDOWER: Signature	My da	am the surviving spo te of birth is			ed person.	
CHILDREN:					al spouse; that I am a child of the deceased and elf and those named below:	
	1)	Name			Date of Birth	
	2)	Address Name			Date of Birth	
	3)	Address			Date of Birth	
	ŕ	Address				
	4)	Name Address			Date of Birth	
Signature						
PARENTS:		he deceased persor sed, and the other p			spouse or child(ren); that I am a parent of the	
	1)					
Signature						
BROTHER(S) SISTER(S):	the bro				legal spouse, child(ren), or parent(s); that I am eft no other brother(s) or sister(s), except mysel	
	1)	Name			Date of Birth	
	2)	Address Name			Date of Birth	
	ŕ	Address				
	3)	Address				
	4)	Name			Date of Birth	
Signature						
					al spouse, child(ren), parent(s), brother(s), or r of the estate of the deceased.	
Signature					Date:	
Subscribed and sworn to before me this				day of		
adg opeiu#8/F99/Benefic.Frm/050396				Notary Public in and for the State of, residing at My commission or term expires		