

DEATH BENEFIT BENEFICIARY FORM

CONSTRUCTION INDUSTRY WELFARE FUND OF ROCKFORD ILLINOIS

(Please print in ink)

Member Information

Name		SSN			
Street		City		State	Zip

Beneficiary Information If you wish to list more than 2 primary or secondary check this box and continue on back of form

1. Primary (please provide first and last name and middle initial if applicable)					% of Benefit
Name		SSN			%
Street		City, State, Zip			
Phone	()	Relationship			
2. Primary					% of Benefit
Name		SSN			%
Street		City, State, Zip			
Phone	()	Relationship			
<i>If more than one beneficiary is named and % of benefit is not indicated benefit will be paid in equal shares.</i>				Total	100%

1. Secondary (Payment will be made only if there are no primary beneficiaries living at the time of death)					% of Benefit
Name		SSN			%
Street		City, State, Zip			
Phone	()	Relationship			
2. Secondary					% of Benefit
Name		SSN			%
Street		City, State, Zip			
Phone	()	Relationship			
<i>If more than one beneficiary is named and % of benefit is not indicated benefit will be paid in equal shares.</i>				Total	100%

I hereby designate the above as my beneficiary (s).

Members Signature:		Date: _____
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Note: This form supercedes any prior beneficiary designations dated before the date of this form.

Please return form to:
 Group Administrators, Ltd.
 Construction Industry Welfare Fund
 1322 East State Street, Suite 300
 Rockford, IL 61104
 815-399-0800
 1-866-266-9866 #2

Keep your beneficiary information current. Changes in beneficiary information (address, name change etc....) please contact Group Administrators for a new form.

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Beneficiary Information - Additional beneficiary information				
3. Primary (please provide first and last name and middle initial if applicable)				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
4. Primary (please provide first and last name and middle initial if applicable)				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
5. Primary (please provide first and last name and middle initial if applicable)				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
6. Primary (please provide first and last name and middle initial if applicable)				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
<i>If more than one beneficiary is named and % of benefit is not indicated benefit will be paid in equal shares.</i>			Total	100%

3. Secondary (Payment will be made only if there are no primary beneficiaries living at the time of death)				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
4. Secondary				% of Benefit
Name		SSN		%
Street		City, State, Zip		
Phone	()	Relationship		
<i>If more than one beneficiary is named and % of benefit is not indicated benefit will be paid in equal shares.</i>			Total	100%