

**IBEW LOCAL 48 DEATH BENEFIT
DESIGNATION OF BENEFICIARY**

MEMBER Information	
Full name	
Card Number	
Home address	
City, State, Zip	
Home phone	
Cell phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
SSN	
BENEFICIARY Information	
Name of PRIMARY Beneficiary	
Address	
City, State, Zip	
Home phone	
Cell phone	
Relationship	
Name of CONTINGENT Beneficiary	
Address	
City, State, Zip	
Home phone	
Cell phone	
Relationship	

Member's Signature

Date

Witness' Signature (cannot be a beneficiary)

Date

Return This Completed Form To:

IBEW Local 48
15937 NE Airport Way
Portland OR 97230