IBEW LOCAL 48 DEATH BENEFIT
DESIGNATION OF BENEFICIARY

MEMBER Information			
Full Name		IBEW Card #	
Home Address			
City, State, Zip			
Home Phone		Cell Phone	
Home E-mail Address			
Birthday (MM/DD/YYYY)		SSN	

BENEFICIARY Information			
Primary Beneficiary Name			
Address			
City, State, Zip			
Home Phone		Cell Phone	
Relationship			
Contingent Beneficiary Name			
Address			
City, State, Zip			
Home Phone		Cell Phone	
Relationship			
Contingent Beneficiary Name			
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

UPDATED: 8/20/26