



Laborers' District Council Benefit Funds Beneficiary Designation Form

I. Member Information

Please complete the following section in its entirety. Please print legibly.

Member Name (full legal name required) (First, MI, Last Name)		Social Security Number	Date of Birth	Local Union No.
Street Address		City	State	Zip
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		Telephone Number	Email Address	

II. Beneficiary Designation Instructions

You may name multiple beneficiaries if you choose. If you name multiple beneficiaries, you must also specify the percentage share each beneficiary will receive. **For additional beneficiaries, continue on another sheet.**

Beneficiary Information (full, legal name, address and date of birth (DOB) required)

Beneficiary 1	First, Middle Initial, Last Name	
	Address & Phone #	
	DOB, Relationship & Percentage	
Beneficiary 2	First, Middle Initial, Last Name	
	Address & Phone #	
	DOB, Relationship & Percentage	
Beneficiary 3	First, Middle Initial, Last Name	
	Address & Phone #	
	DOB, Relationship & Percentage	

III. Execution of Declaration of Beneficiarie(s)

I, _____, on the date below mentioned, **hereby revoke and make void any prior declaration(s)** of beneficiary and declare and designate the person(s) named herein above as my beneficiary.

I understand that this Beneficiary Designation Form and beneficiary denominated above shall not supplant or modify any terms, conditions or provisions relating to benefits authorized to be administered by any Laborers' District Council Benefit Fund as directed by its trust document or summary plan description.

I, the undersigned below, agree that I have read this form and by my signature agree to be legally bound by all the terms and conditions contained herein.

Signed: _____ Dated: _____

Form will be returned if:

- Member's Name, Social Security number, Date of Birth and Marital Status not provided
- No Beneficiary listed
- Not signed by member

Laborers' District Council Benefit Funds of the Metropolitan Area of Philadelphia and Vicinity reserves the right to verify any and all information set forth on this Beneficiary Declaration, including verification of the validity of any documentation shown in support of this declaration. If you have named more than one beneficiary and do not designate the percentage of the benefit you want each beneficiary to receive, the Fund will distribute the benefit equally to your designated beneficiaries, in the event of your death.

Please complete and return this form:

- Mail: 665 North Broad Street, 2nd Floor, Philadelphia, PA 19123
- Fax: 215-763-4380
- Email: enrollment@myldcbenefits.com

Please contact Member Services at (877) LABOR-77, (215) 236-6700 or (215) 765-4633 or at enrollment@myldcbenefits.com for any questions relating to this form.