



**Electrical Workers Death Benefit Society**  
 158-11 Harry Van Arsdale Jr. Avenue – 4<sup>th</sup> Floor, Flushing, NY 11365

**OFFICE USE ONLY**

**E.W.D.B.S. DESIGNATION OF BENEFICIARY**

(Instructions to complete form on reverse side)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                          |            |      |               |                        |
|--------------------------|------------|------|---------------|------------------------|
| Last Name                | First Name | M.I. | Date of Birth | Social Security Number |
| Street                   |            |      | Apt #         | Union Card Number      |
| City, State and Zip Code |            |      |               | Local #3 Division      |

I, the undersigned, revoking all former designations made by me pursuant to my death benefit coverage, hereby direct the Electrical Workers Death Benefit Society, in the event of my death, to pay the death benefit allowable under my certificate in one lump sum payment to the beneficiary or beneficiaries named below. Should I survive all named beneficiaries, any death benefit payable shall be paid in accordance with the Electrical Workers Death Benefit Society constitution Article VIII, Section 3.

**Beneficiary Information**

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| Full Name                | <b>Check one</b><br>Primary <input type="checkbox"/> | <b>Check one</b><br>Male <input type="checkbox"/> | Date of Birth                      |
| Street                   | Contingent <input type="checkbox"/>                  | Female <input type="checkbox"/>                   | Relationship                       |
| City, State and Zip Code |  |   | Beneficiary Social Security Number |

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| Full Name                | <b>Check one</b><br>Primary <input type="checkbox"/> | <b>Check one</b><br>Male <input type="checkbox"/> | Date of Birth                      |
| Street                   | Contingent <input type="checkbox"/>                  | Female <input type="checkbox"/>                   | Relationship                       |
| City, State and Zip Code |  |   | Beneficiary Social Security Number |

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| Full Name                | <b>Check one</b><br>Primary <input type="checkbox"/> | <b>Check one</b><br>Male <input type="checkbox"/> | Date of Birth                      |
| Street                   | Contingent <input type="checkbox"/>                  | Female <input type="checkbox"/>                   | Relationship                       |
| City, State and Zip Code |  |   | Beneficiary Social Security Number |

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| Full Name                | <b>Check one</b><br>Primary <input type="checkbox"/> | <b>Check one</b><br>Male <input type="checkbox"/> | Date of Birth                      |
| Street                   | Contingent <input type="checkbox"/>                  | Female <input type="checkbox"/>                   | Relationship                       |
| City, State and Zip Code |  |   | Beneficiary Social Security Number |

**>>> THIS FORM MUST BE SIGNED AND NOTARIZED IN ORDER TO BE VALID <<<**

|                            |                         |                    |
|----------------------------|-------------------------|--------------------|
| <b>Signature of member</b> | <b>Telephone Number</b> | <b>Date Signed</b> |
|----------------------------|-------------------------|--------------------|

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for said State personally appeared \_\_\_\_\_ and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary: \_\_\_\_\_

Notary Seal/  
Expiration Date:



## **Instructions for Designating a Beneficiary with the Electrical Workers Death Benefit Society**

**Primary Beneficiaries:** If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally among the surviving primary beneficiaries

**Contingent Beneficiaries:** Should you survive your primary beneficiary or beneficiaries, any benefit payable at your death shall be paid in equal shares to the surviving contingent beneficiary or beneficiaries.

1. Please type or print in black or blue ink. **This form must be notarized.**
2. **Any number of primary and contingent beneficiaries may be named, but you must designate at least ONE primary beneficiary.** The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if all primary beneficiaries die before you do. If you survive all of the beneficiaries named, we would we would pay the death benefit in accordance with the Electrical Workers Death Benefit Society constitution Article VIII, Section 3.
3. **Any alterations to this form must be initialed.** Stipulations or attachments to your designation are not acceptable.
4. **If you desire more beneficiaries that can fit on one form, you must use an additional designation form, each clearly marked as “form 1 or 2” and “Form 2 of 2”, the second number must equal the total number of forms. Each form must be signed, notarized and submitted at the same time.** Additional forms can be acquired from the Electrical Workers Death Benefit Society.
5. New EWDBS Designation of Beneficiary forms will supersede any previous designation. Therefore, if you want to add a beneficiary (for example, a new child), you must include on the new form ALL beneficiaries you wish to designate, as well as prior beneficiaries if you wish to continue to include them as your beneficiary.
6. **If you designate persons:**
  - List full names
  - Unborn children may not be named
  - Provide complete information requested by each beneficiary, including whether they are primary or contingent.
  - Beneficiaries should be listed separately
  - DO NOT number your beneficiaries
7. **If you designate your estate:**
  - Use the words “My Estate” on the name line. Before naming your estate as beneficiary, we suggest you contact the IRS or your tax advisor to determine the tax impact of such a designation.
  - If your estate is the primary beneficiary, do not name a contingent beneficiary. A contingent beneficiary would only be entitled to a benefit if the primary beneficiary ceased to exist before the member’s death.
  - Provide the contact information for the Executor of your Estate
8. **If you designate a corporation,** a copy of the certification of incorporation is required. Please be sure to use the exact name of the corporation. If a religious organization is listed, we require a certificate of incorporation or a charter.
9. **If you designate the trustee of a Intervivos (or Living) Trust:**
  - The trustee must be a person or a corporation and a true copy of the trust instrument, or a Certificate of Trust, containing the names and addresses of the trustee and successor trustees must be submitted with your designation.
  - The following sentence MUST BE written in the beneficiary’s name and address space on the front of this form: “(name of trustee), (address of trustee), as trustee of a trust created by instrument, dated (date of instrument), a true copy of which is annexed hereto.”
10. **If you designate the trustee of a Testamentary Trust:**
  - The will under which the trust is established must be your will.
  - The following sentence must be written in the beneficiary’s name and address space on the front of this form: “The trustee of the testamentary trust established by paragraph (number) of my will, dated (date of your will).”
11. **If you designate a custodian for a minor:**
  - The following sentence must be written in the beneficiary’s name and address space on the front of this form: “(name and address of custodian) as custodian for (minor’s name) under the New York Uniform Transfers to Minors Act.” The sex, date of birth, relationship and Social Security number refer to the minor, not the custodian.

**In order for your new designation to be acceptable, it must be completed properly, notarized, signed and received by the Electrical Workers Death Benefit Society. If you have any questions when completing this form please call 718-591-4400.**