



BENEFICIARY UPDATE FORM

P.O. Box 300019 Kansas City, MO 64130
P#: (816) 531 0334 F#: (816) 753 7252

I. MEMBER INFORMATION |

SOCIAL SECURITY NUMBER LAST NAME FIRST NAME MI DATE OF BIRTH PHONE NUMBER

STREET ADDRESS APT # CITY STATE ZIP CODE EMAIL ADDRESS

EMPLOYER LOCAL UNION NUMBER

MARITAL STATUS: SINGLE MARRIED DIVORCED
 WIDOWED LEGALLY SEPARATED

III. BENEFICIARY INFORMATION |

PRIMARY

SECONDARY LAST NAME FIRST NAME MI DATE OF BIRTH PHONE NUMBER

SOCIAL SECURITY NUMBER RELATIONSHIP TO MEMBER STREET ADDRESS APT # CITY STATE ZIP CODE

PRIMARY

SECONDARY LAST NAME FIRST NAME MI DATE OF BIRTH PHONE NUMBER

SOCIAL SECURITY NUMBER RELATIONSHIP TO MEMBER STREET ADDRESS APT # CITY STATE ZIP CODE

PRIMARY

SECONDARY LAST NAME FIRST NAME MI DATE OF BIRTH PHONE NUMBER

SOCIAL SECURITY NUMBER RELATIONSHIP TO MEMBER STREET ADDRESS APT # CITY STATE ZIP CODE

IMPORTANT BENEFICIARY INFORMATION:

- Your Beneficiary is the person you, as a covered member, designate to receive benefits from the Fund offices should you die. This person would receive any benefits due from life insurance and the Health and Welfare Fund
- The Primary Beneficiary is the person you wish to receive any benefits due first. If more than one Primary Beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries as survive you, unless otherwise provided herein
- The Secondary beneficiary is the person you wish to receive any benefits should all the Primary Beneficiaries be deceased.
- If you fail to designate a beneficiary, or no designated beneficiary survives you, payment will be made to your estate, or as otherwise provided in the applicable Plan Document.
- If the beneficiary named is a minor(s) or is otherwise incapacitated, Guardianship of Conservatorship of the Estate of the minor(s) or incapacitated person must be submitted at the time of claim to release any amount payable to the named beneficiary.
- If a trust is designated as your beneficiary, our offices will require a copy of the trust document
- Please check your beneficiary designation periodically and update your file to reflect your current status (**Please Note:** This information cannot be given out over the phone). The most recent beneficiary designation on file at the time of your death will control.

[This Beneficiary Designation supersedes any previous or current Beneficiary Designation on file.](#)

(REQUIRED)

Member Signature: _____ Date: _____