

# BENEFICIARY DESIGNEE CARD -- JFT Health & Welfare Fund



COMPLETE ALL AREAS – PLEASE PRINT

EMPLOYEE'S NAME (Last, First)

SOCIAL SECURITY NUMBER

SEX

**This Card Must Be Completed In Order To Designate Your Beneficiary  
For The Premium-Free Life Insurance Provided By The JFT Health & Welfare Fund**

List of BENEFICIARIES

Show First AND Last Name of Females, Ex. Mary Smith NOT Mrs. John Smith

IF MORE THAN ONE BENEFICIARY, WOULD YOU LIKE THEM TO SHARE & SHARE ALIKE?

YES      NO  IF NO, INDICATE PERCENTAGE\* OF SHARE.

NAME(S) - First, Last

SOCIAL SECURITY NO.

RELATION

DATE OF BIRTH

PERCENT\*

DATE COMPLETED

EMPLOYEE NUMBER

SIGNATURE OF EMPLOYEE