

# International Union of Elevator Constructors Local Union No. 8

## LOCAL 8 BENEFICIARY REGISTRATION AND INFORMATION CHANGES

Member/Probationary Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Industry Hire Date \_\_\_\_\_  
Race \_\_\_\_\_ Gender \_\_\_\_\_ Veteran Y / N

In case of accident please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Address \_\_\_\_\_

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*Failure to list Beneficiary Information may result in a denied Local 8 Disability and Death Fund benefit.*

### Primary Beneficiary Information

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_% Primary Phone No. \_\_\_\_\_

### Secondary Beneficiary Information

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Share \_\_\_\_\_% Primary Phone No. \_\_\_\_\_

(FOR ADDITIONAL AND/OR CONTINGENT BENEFICIARIES USE SEPARATE SHEET)

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I hereby designate the above to be beneficiary or beneficiaries of any benefits due from the IUEC Local 8 Disability and Death Benefit Fund. This designation revokes any prior designation inconsistent herewith. I reserve the right to change a beneficiary designation at my discretion and understand that any change is not effective unless this form is properly completed and received by IUEC Local 8. If more than one beneficiary is named, payment shall be made to each in equal shares unless otherwise indicated in Share %'s. The total of all Share %'s must equal 100.

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Signature of Member/Probationary \_\_\_\_\_ Date \_\_\_\_\_

Complete and Return Immediately to **IUEC Local 8** at:  
**690 Potrero Ave**  
**San Francisco, CA 94110**