

1. General Enrollment Information

Member Name: _____
Last name first name middle initial

Badge Number: _____ Email: _____

2. Beneficiary Designation Change

This section must be completed to change the designated beneficiary or beneficiaries for your TPWOF benefits.

Crossed out beneficiary designations must be initialed.

Please print clearly, in INK

Beneficiary Designation

I hereby nominate the person(s) named below as my beneficiary(ies) to receive all benefits payable from the Fund upon my death. Any former nomination of beneficiary(ies) made by me is hereby cancelled and replaced by the nomination(s) hereunder. [Use Contingent Beneficiary(ies) Designation to designate contingent beneficiary(ies).] Failure to make changes to the primary designation on this form will authorize the Fund to use previously designate primary beneficiary(ies).

Beneficiary's name(s)			Percent allocated	Relationship to member
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		

Pay funeral costs first

Balance to be divided as follows: As per the percentages indicated above, or In equal shares identified to the survivor(s)

You may change this beneficiary designation at any time upon notice to TPWOF. Benefits designated to minors, under the age of 18 years will be held in trust by the Fund, unless a "Trustee" is appointed to receive the benefits.

3. Contingent Beneficiary Designation

This section must be completed to change the designated beneficiary or beneficiaries for your TPWOF benefits.

Crossed out beneficiary designations must be initialed.

Please print clearly, in INK

Contingent Beneficiary Designation

In the event the primary beneficiary(ies) designated on the Application to Change Beneficiary(ies) should predecease me, the following named person(s) is designated as beneficiary(ies) of the WOF Insurance Benefit. Any alternate beneficiary designation made on this form hereby cancels previous alternate beneficiary designations. Failure to make changes to the alternate beneficiary designation on this form will authorize the Fund to use previously designate alternate beneficiary(ies).

Beneficiary's name(s)			Percent allocated	Relationship to member
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		
_____	_____	_____	_____	_____
<small>Last name</small>	<small>first name</small>	<small>middle initial</small>		

I reserve the right to revoke any beneficiary designation I have made. [If a designated beneficiary dies before you, the carrier will pay the benefits from the Fund to any surviving beneficiary, or, if none, to your estate and Letters Probate may be requested.]

Member Signature: _____ Date: _____ Date Employed: _____

Witness Signature: _____ Date: _____ Rate of Dues: _____

Witness Address: _____ Signature of Manager or Director: _____