



I.A.T.S.E. VACATION FUND BENEFICIARY DESIGNATION

Participant Name: _____

Address: _____

Participant's Social Security #: _____ Date of Birth _____

In accordance with the provisions of the Rules and Regulations of the IATSE National Vacation Fund, I hereby designate as my:

Primary Beneficiary(ies):

Name _____

Address _____

Social Security # _____ Date of Birth _____

Relationship _____

Telephone # _____ e-mail address _____

Name _____

Address _____

Social Security # _____ Date of Birth _____

Relationship _____

Telephone # _____ e-mail address _____

Secondary Beneficiary (ies):

Name _____

Address _____

Social Security # _____ Date of Birth _____

Relationship _____

Telephone # _____ e-mail address _____

Name _____

Address _____

Social Security # _____ Date of Birth _____

Relationship _____

Telephone # _____ e-mail address _____

Of any and all benefits from the IATSE National Vacation Fund, as a result of my death.

(Participant Signature)

(date)

Please have this form witnessed:

Witness

(date)