

Please complete and return to:
Minneapolis Retail Meat Cutters and Food Handlers Health & Welfare Fund
3001 Metro Drive, Suite 500, Bloomington, MN 55425

BENEFICIARY DESIGNATION

POLICY # _____

EMPLOYER/POLICYHOLDER NAME _____

EMPLOYEE INFORMATION

NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

PRIMARY BENEFICIARY(IES):		
NAME	DATE OF BIRTH	
ADDRESS	SOCIAL SECURITY NUMBER	
RELATIONSHIP	BENEFIT PERCENT	PHONE NUMBER
<hr/>		
NAME	DATE OF BIRTH	
ADDRESS	SOCIAL SECURITY NUMBER	
RELATIONSHIP	BENEFIT PERCENT	PHONE NUMBER
<hr/>		
CONTINGENT BENEFICIARY(IES):		
NAME	DATE OF BIRTH	
ADDRESS	SOCIAL SECURITY NUMBER	
RELATIONSHIP	BENEFIT PERCENT	PHONE NUMBER
<hr/>		
NAME	DATE OF BIRTH	
ADDRESS	SOCIAL SECURITY NUMBER	
RELATIONSHIP	BENEFIT PERCENT	PHONE NUMBER

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE	DATE SIGNED
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Fund Office Use Only

Date Received _____ Received by: _____