

Life Insurance Beneficiary Designation Form

Fill out completely by typing or printing in ink

Name of Member:_____

Member's ID/Social Security Number:

Primary Beneficiary(ies)

If more than one beneficiary is named, they shall share equally unless otherwise stated below. (Total share must equal 100%)

Last Name	First Name		M.I.	Relationship	%Share
Address Number and Street		City		State	Zip Code
Appointed Adult Trustee, if benef	ïciary is a minor		Rela	tionship of Trustee To WHF Member	
Last Name	First Name		M.I.	Relationship	%Share
Address Number and Street		City		State	Zip Code
Appointed Adult Trustee, if benef	iciary is a minor		Rela	tionship of Trustee To WHF Member	
Last Name	First Name		M.I.	Relationship	%Share
				F	/
Address Number and Street		City		State	Zip Code
Appointed Adult Trustee, if benef	ïciary is a minor		Rela	tionship of Trustee To WHF Member	
Last Name	First Name		M.I.	Deletionship	%Share
				Relationship	
Address Number and Street		City		State	Zip Code

I hereby revoke all previous beneficiary designations and at this time designate the above listed beneficiary(ies).

Signature	of Member:
Jignatur C	or motion.

Date:

(SEE BACK)

Successor Beneficiary(ies)

Should no Primary Beneficiary(ies) survive to receive payment, as Successor Beneficiary I name:

If more than one beneficiary is named, they shall share equally unless otherwise stated below. (Total share must equal 100%)

irst Name	M.I.	Relationship	%Share	
City		State	Zip Code	
Appointed Adult Trustee, if beneficiary is a minor		Relationship of Trustee To WHF Member		
	irst Name City s a minor	City	City State	

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if benef	ficiary is a minor	Relatio	onship of Trustee To WHF Memb	er

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street	(City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor		Relati	Relationship of Trustee To WHF Member	

Last Name	First Name	M.I.	Relationship	%Share
Address Number and Street		City	State	Zip Code
Appointed Adult Trustee, if beneficiary is a minor		Relati	Relationship of Trustee To WHF Member	

Date:

Signature of Member: