



**VOLUNTEER EMPLOYEE BENEFIT ASSOCIATION  
MAIL HANDLERS LOCAL 305**

**4907 Fitzhugh Avenue, Suite 100-Richmond, VA 23230-3533-(804) 358-4664**

**Death Benefit Plan**

**DESIGNATION OF BENEFICIARY**

Member's Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Member's Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Installation: \_\_\_\_\_

I designate the following beneficiaries to receive any benefits that Local 305's Death Benefit Plan may pay on my behalf:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I direct that all benefits be payable in equal shares, if I have more than one beneficiary. If a beneficiary does not survive me, all benefits are to be paid to the surviving beneficiaries.

This designation revokes any prior beneficiary designation that I have made. I reserve the right to make future changes in my beneficiary designation without consent of any beneficiary.

I understand that my death benefits are subject to the conditions of Local 305's Death Benefit Plan. I acknowledge that a copy of this plan has been made available to me, and I agree to abide by this plan's terms and conditions.

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Date

Member's Signature

"Only Regular Members In Good Standing Are Eligible"