



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 / Apartment City, State Zip Code

Installation or Branch: _____

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

PRIMARY BENEFICIARY:

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

SECONDARY BENEFICIARY:

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

I direct that all benefits be payable in equal shares if I have named more than one primary beneficiary or more than one secondary beneficiary. If a primary beneficiary does not survive me, all benefits are to be paid to the surviving primary beneficiary. If no primary beneficiary survives me, benefits are to be paid to the secondary beneficiaries who survive me.

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 plans terms and conditions.

DATE

Member's Signature

"Only Regular Members In Good Standing Are Eligible"