



IRON WORKERS'

Tri-State Welfare Fund

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 Mokena, Illinois 60448
 Toll-Free 866-463-9418
 Fax 630-967-3080
www.tristatewelfarefund.com
 tristate@abpa-tpa.com

BENEFICIARY DESIGNATION FORM

I. Information about You:

Name		Social Security Number
Address		Date of Birth
City	State	Zip Code

II. Iron Workers Tri-State Welfare Fund Death Benefit (Applies to Participants of Locals 111, 112, 380, 386, 393 and 444)

Please indicate below the beneficiary(ies) who will receive any death benefits from the Welfare Fund upon your death:

Beneficiary Name	Relationship	Address	Social Security Number

Participant Certification

I hereby certify that the above information is true and complete and I hereby designate the beneficiary(ies) noted above to receive any benefits payable following my death.

Participant Signature

Date