

**ELECTRICAL CONSTRUCTION INDUSTRY
VACATION AND HOLIDAY PLAN**

DESIGNATION OF BENEFICIARY

I _____ hereby designate the following person(s) as the beneficiary of
(PLEASE PRINT)
any and all benefits accrued to me from the Milwaukee Electrical Construction Industry Vacation & Holiday Trust Fund, in accordance with said trust fund rules and regulations. I hereby cancel any and all previous designations of beneficiary made by me of said benefits.

FULL LEGAL NAME OF
BENEFICIARY

First Name Middle Name Last Name

ADDRESS OF
BENEFICIARY

EMAIL ADDRESS OF
BENEFICIARY

PHONE NUMBER(S) OF
BENEFICIARY

Cell Phone Home Phone

RELATIONSHIP, IF ANY

DATE _____

SIGNATURE _____

SOCIAL SECURITY
NUMBER OF MEMBER

SOCIAL SECURITY
NUMBER OF
BENEFICIARY (if known,
not required)
