

DULUTH BUILDING TRADES HEALTH FUND

2002 London Road – Suite 300

Duluth, MN 55812

Telephone (218)728-4231

Fax (218)728-4773

BENEFICIARY DESIGNATION FORM

Complete the entire form and sign and date where requested. Return this form to:

Duluth Building Trades Health Fund/Wilson-McShane Corporation, 2002 London Road, Suite 300, Duluth, MN 55812

1. Participant Information

Last Name First Name Middle Initial Social Security Number - -

Street Address City State Zip Code

____/____/_____
Date of Birth Phone Number

____ Single ____ Married ____ Divorced (Date ____/____/____)

2. Beneficiary Information

Last Name First Name Middle Initial Social Security Number - -

Street Address City State Zip Code

____/____/_____
Date of Birth Phone Number Relationship to Participant

3. Participant Signature

This Beneficiary Designation Form supersedes any prior beneficiary designation.

X _____
Signature

X _____
Date