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

X _____ **X** _____
Signature *Date*