

## Retired/Active "A" Members of the IBEW

<input type="checkbox"/> MR	First Name											MI		Last Name															
<input type="checkbox"/> MS	Local Union					Card Number							Social Security Number																
<input type="checkbox"/> MRS																													
E-Mail																													

<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<input type="checkbox"/> MR	First Name	MI	Last Name
<input type="checkbox"/> MS			
<input type="checkbox"/> MRS	Relationship		Choose One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Name of Organization, Institution or Trust	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent

[illegible][illegible]

City	State	Zip Code+4

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Notary or LU Seal

Mail Completed Form to:  
IBEW  
900 7th Street, NW  
Washington, DC 20001  
Attn: Pension & Death Claims Dept



Additional Beneficiaries Form 124C