INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
IBEW LOCAL 1593

Death Benefit Fund Beneficiary Card

Name _____ DOB _____

Employer _____

SSN _____ Card Number _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Primary Beneficiary _____

Relationship _____ Contact Phone # _____

Contingent Beneficiary _____

Relationship _____ Contact Phone # _____

Signature _____