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DEATH BENEFICIARY DESIGNATION CHANGE FORM

This form must be Notarized or witnessed and signed by a Trust Fund or Union Local Representative.

*If your Beneficiary is a Trust you have established, enter the Trust Taxpayer Identification number, if any, in the **Social Security Number section**. (If you are designating more than one beneficiary, please fill additional beneficiary information below and on other side if needed. % allocation must equal 100%).*

Beneficiary Name: _____ **Relationship:** _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security # or Tax ID: _____ %: _____

Beneficiary Name: _____ **Relationship:** _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security # or Tax ID: _____ %: _____

I _____ certify that the information on this form is true and correct.

(print name)

Member Signature

Social Security or Unique ID#

Date

NOTARY: Subscribed and sworn by me on this Date _____

Affix Official Seal or Union Stamp

Signature of Notary Public

OR

Union Local/Trust Fund Representative

Date

Beneficiary Name: _____ *Relationship:* _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security # or Tax ID: _____ %: _____

Beneficiary Name: _____ *Relationship:* _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security # or Tax ID: _____ %: _____