

Great Plains Laborers' Vacation Fund

Beneficiary Designation Form

(Payment Upon Death of Participant; Review Article V, Section B of the SPD)

Check box if Name or Address Changed below

Participant Full Name

Participant Social Security Number

Participant Mailing Address - Street, City, State, Zip

Participant Date of Birth

All information *MUST* be completed in order to be processed. (percentages must total 100%)

PRIMARY BENEFICIARY (IES)

1)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		
2)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		
3)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		

* If additional space is needed please use the reverse side of this form.

(TOTAL 100%)

ALTERNATE BENEFICIARY (IES) (in the event no Primary Beneficiary survives)

1)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		
2)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		
3)	_____	_____	_____	_____
	Social Security Number	Date of Birth	Relationship to Participant	Percent (%)
	_____	_____		
	Beneficiary Full Name	Mailing Address - Street, City, State, Zip		

* If additional space is needed please use the reverse side of this form.

(TOTAL 100%)

Participant Signature

Date