## Great Plains Laborers' Vacation Fund

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

Participant Full Name  Participant Mailing Address - Street, City, State, Zip			Participant Social Security Number  Participant Date of Birth	
PRIMARY BENEFICIARY(I	ES)			
Social Security Number	Date of Birth	Relationship to Participant	Percent (%	
Beneficiary Full Name		ng Address - Street, City, State, Zip		
Social Security Number	Date of Birth	Relationship to Participant	Percent (%	
Beneficiary Full Name		ng Address - Street, City, State, Zip		
beneficiary Fun Prante	munn	g riddress - Street, City, State, Lip		
Social Security Number	Date of Birth	Relationship to Participant	Percent (%	
Beneficiary Full Name		ng Address - Street, City, State, Zip		
Beneficiary Full Name		ng Address - Street, City, State, Zip	Percent (%	
Beneficiary Full Name additional space is needed pleas		ng Address - Street, City, State, Zip n.		
Beneficiary Full Name additional space is needed pleas ALTERNATE BENEFICIAR	Mailing to the reverse side of this form  Mailing the event no Prime to the event no Pri	ng Address - Street, City, State, Zip n. ary Beneficiary survives)	(TOTAL 100%	
Beneficiary Full Name Additional space is needed pleas	Mailin	ng Address - Street, City, State, Zip n.		
Beneficiary Full Name dditional space is needed pleas ALTERNATE BENEFICIAR	Mailing was the reverse side of this form  Y (IES) (in the event no Primal Date of Birth	ng Address - Street, City, State, Zip n. ary Beneficiary survives)	(TOTAL 100%	
Beneficiary Full Name Idditional space is needed pleas  ALTERNATE BENEFICIAR  Social Security Number	Mailing was the reverse side of this form  Y (IES) (in the event no Primal Date of Birth	ary Beneficiary survives)  Relationship to Participant	(TOTAL 100%	
Beneficiary Full Name Idditional space is needed pleas  ALTERNATE BENEFICIAR  Social Security Number  Beneficiary Full Name	Mailing e use the reverse side of this form  Y (IES) (in the event no Prime Date of Birth  Date of Birth	ary Beneficiary survives)  Relationship to Participant  ag Address - Street, City, State, Zip	(TOTAL 100%	
Beneficiary Full Name additional space is needed pleas ALTERNATE BENEFICIAR  Social Security Number  Beneficiary Full Name  Social Security Number	Mailing e use the reverse side of this form  Y (IES) (in the event no Prime Date of Birth  Date of Birth	ary Beneficiary survives)  Relationship to Participant  Relationship to Participant  Relationship to Participant	(TOTAL 100%	
Beneficiary Full Name  ALTERNATE BENEFICIAR  Social Security Number  Beneficiary Full Name  Social Security Number	Mailing e use the reverse side of this form  Y (IE\$) (in the event no Prime Date of Birth  Date of Birth  Mailing Date of Birth	ary Beneficiary survives)  Relationship to Participant  Relationship to Participant  Relationship to Participant  Relationship to Participant	Percent (%	