



**IBEW LOCAL UNION NO. 22/NECA
VACATION-HOLIDAY TRUST**

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DESIGNATED BENEFICIARY CARD

Please Print – Must Be Signed

Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Date of Birth: _____ Social Security Number: _____

Married: Single: Divorced: Widowed:

If married please indicate date of marriage: _____

Primary Beneficiary: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Secondary Beneficiary: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

_____/_____/_____

Signature of Participant Date Signed Signature of Spouse