

Death Benefit Fund

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Phone Number: _____

Local Union #: _____ Current Employer: _____

Primary Beneficiary: _____

Name

Relationship

Address

City, State, Zip

Phone Number: _____

Second Beneficiary: _____

Name

Relationship

Address

City, State, Zip

Phone Number: _____

Signature: _____

Date: _____

Mail document and fee to:

DBF
IBEW Local 125
17200 N.E. Sacramento Street
Portland, Oregon 97230