

**SERVICE EMPLOYEES BENEFIT FUND**  
**DEATH BENEFIT DESIGNATION FORM**

Please be sure to **PRINT** all information, except your signature at the bottom. **You must sign and date this form in order to legally designate your beneficiary(ies).**

Name of Member (print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address of Member \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Member's Date of Hire \_\_\_\_\_

**I want the following person(s) listed as my beneficiary(ies) for any death benefit provided by the Service Employees Benefit Fund (SEBF).**

Name of Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage\* \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage\* \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

**\*Total percentage must equal 100%**

**NOTE: If the Primary Beneficiary predeceases the member, the Death Benefit will be payable to the Contingent Beneficiary.**

Name of Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

I understand this will cancel any previous beneficiary designation(s) for death benefits that I may have made through SEBF. I reserve the right to change my SEBF Death Benefit beneficiary(ies) at any future date.

I understand that if I die as an eligible member without naming a beneficiary, or if my named beneficiary predeceases me and I fail to name a new one, any death benefit will be paid to my estate.

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**