

BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL HEALTH BENEFITS AND PENSION FUNDS

P-PLAN BENEFICIARY FORM

If you are covered by P-Plan you should designate a beneficiary(ies) to receive the balance in your **P-Plan Death Benefit Account** upon your death.

To The Board of Trustees: I hereby designate as my beneficiary(ies) to receive any benefits that may be payable after my death under the P-Plan Death Benefit Account, the following:

BENEFICIARY (First Choice):

ADDRESS:														
ADDRESS:														
CITY:														
STATE: ZIP:														

I hereby designate as my second beneficiary (Fill In One). If you do not select A or B it will be paid Jointly.

O (A) Jointly with the above beneficiary. O (B) Only if the above beneficiary is not alive after my death.

BENEFICIARY (Second Choice):

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