



Vacation/Sick Leave Beneficiary Form

This form must be completed in its entirety and the signed original must be sent to the Fund Office at the address listed below. All forms received by the Fund Office that are incomplete will not be processed and will be returned to you. Beneficiary forms are required for your account in order for the Fund Office to process payments in the event of your death.

_____	_____
Local 282 Member Name	Member Social Security #
_____	_____
Mailing Address	City State Zip Code

I hereby designate as my primary beneficiary to receive any money that exists in my Vacation/Sick Leave benefit with Local 282 upon my death, the following (more than one person may be listed):

1. Name of Primary Beneficiary: _____
 Address: _____
 Phone: _____ Date of Birth: _____ Sex: _____
 Social Security Number: _____ Relationship to Member: _____
2. Name of Primary Beneficiary: _____
 Address: _____
 Phone: _____ Date of Birth: _____ Sex: _____
 Social Security Number: _____ Relationship to Member: _____
3. Name of Primary Beneficiary: _____
 Address: _____
 Phone: _____ Date of Birth: _____ Sex: _____
 Social Security Number: _____ Relationship to Member: _____

In the event that none of the primary beneficiaries listed above survive to receive any payments due after my death, I hereby designate the following contingent beneficiary (more than one may be listed):

1. Name of Contingent Beneficiary: _____
 Address: _____
 Phone: _____ Date of Birth: _____ Sex: _____
 Social Security Number: _____ Relationship to Member: _____
2. Name of Contingent Beneficiary: _____
 Address: _____
 Phone: _____ Date of Birth: _____ Sex: _____
 Social Security Number: _____ Relationship to Member: _____

Local 282 Member's Signature: _____ **Date:** _____

Mail To:
Local 282 Trust Funds
2500 Marcus Avenue
Lake Success, NY 11042