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**DEATH BENEFICIARY DESIGNATION CHANGE FORM**

**This form must be Notarized or witnessed and signed by a Trust Fund or Union Local Representative.**

*If your Beneficiary is a Trust you have established, enter the Trust Taxpayer Identification number, if any, in the **Social Security Number section**. (If you are designating more than one beneficiary, please fill additional beneficiary information below and on other side if needed. % allocation must equal 100%).*

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # or Tax ID: \_\_\_\_\_ %: \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # or Tax ID: \_\_\_\_\_ %: \_\_\_\_\_

I \_\_\_\_\_ certify that the information on this form is true and correct.  
(print name)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Social Security or Unique ID#

\_\_\_\_\_  
Date

NOTARY: Subscribed and sworn by me on this Date \_\_\_\_\_

Affix Official Seal or Union Stamp

\_\_\_\_\_  
Signature of Notary Public

OR

\_\_\_\_\_  
Union Local/Trust Fund Representative

\_\_\_\_\_  
Date

**Beneficiary Name:** \_\_\_\_\_ *Relationship:* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # or Tax ID: \_\_\_\_\_ %: \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_ *Relationship:* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security # or Tax ID: \_\_\_\_\_ %: \_\_\_\_\_