IATSE LOCAL 8 BENEFIT FUNDS

c/o O'Neill Consulting Corporation 1560 Old York Road, Abington, PA 19001 (215) 657-7400

PARTICIPANT ENROLLMENT/CHANGE FORM

Name		
First	Last	M.I.
Address		
Street		
City	State	Zip Code
Date of Birth	Social Security Nur	nber
Telephone Number () Area Code	Number	
PRIMARY BENEFICIARY INFORMATE beneficiary, unless your spouse agrees, with written co	ΓΙΟΝ (If you are a married pa	rticipant, you must elect your spouse as your primary er beneficiary. This alternate election must be notarized.)
Beneficiary Name	Relationship	
Beneficiary Social Security Number		Date of Birth
Beneficiary AddressStreet		
City	State	Zip Code
If you have more than one primary beneficiary, please SECONDARY BENEFICIARY INFORM		
Name	Relationship	
Social Security Number		_ Date of Birth
Address		
Street		
City	State	Zip Code
If you have more than one secondary beneficiary, plea	•••••	n on the back of this form.
Participant's Signature		Date
If primary beneficiary is other than spou signature must be notarized.	se, spouse must agree to	this election and sign below - Spouse's
Spouse's Signature		Notary Seal
Notary Signature		Date_