

# PREFERENCE OF BENEFICIARY FORM

Name of Deceased Participant \_\_\_\_\_

Social Security No. \_\_\_\_\_ Local Union No. \_\_\_\_\_

This affidavit is to be used if there is no surviving beneficiary designated by the above-named person. It is to be completed only by the deceased's widow or widower, if surviving. Otherwise, by a child of the deceased, if any survives. Otherwise, by a parent of the deceased, if either survives. Otherwise, by a brother or sister of the deceased, if any survives. Otherwise, by the deceased's executor or administrator.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(name of person completing form) (street address)

\_\_\_\_\_, swear by penalty  
(city) (state) (zip code)

of perjury under the laws of Washington State that the foregoing is true and correct.

WIDOW or That I am the surviving spouse of the above-named deceased person.

WIDOWER: My date of birth is \_\_\_\_\_.

Signature \_\_\_\_\_

CHILDREN: That the deceased person named above left no surviving legal spouse; that I am a child of the deceased and that the deceased left no surviving children other than myself and those named below:

- |    |               |                     |
|----|---------------|---------------------|
| 1) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 2) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 3) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 4) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |

Signature \_\_\_\_\_ My date of birth is: \_\_\_\_\_

PARENTS: That the deceased person named above left no surviving spouse or child(ren); that I am a parent of the deceased, and the other parent is named below:

- |    |               |                     |
|----|---------------|---------------------|
| 1) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |

Signature \_\_\_\_\_ My date of birth is: \_\_\_\_\_

BROTHER(S) That the deceased person named above left no surviving legal spouse, child(ren), or parent(s); that I am  
SISTER(S): the brother or sister of the deceased; and that the deceased left no other brother(s) or sister(s), except myself and those listed below:

- |    |               |                     |
|----|---------------|---------------------|
| 1) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 2) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 3) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |
| 4) | Name _____    | Date of Birth _____ |
|    | Address _____ |                     |

Signature \_\_\_\_\_

EXECUTOR(S) That the deceased person named above left no legal spouse, child(ren), parent(s), brother(s), or  
or ADMINISTRATOR: sister(s); and that I am the executor or administrator of the estate of the deceased.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_,  
residing at \_\_\_\_\_