

**I.U.O.E., LOCAL 181 DEATH BENEFIT FUND  
DESIGNATION OF BENEFICIARY**

Member's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby designate the following as my beneficiary under the I.U.O.E.,  
Local 181 Death Benefit Fund:

Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

Date \_\_\_\_\_ Member's  
Signature \_\_\_\_\_

FORM 123



**FOR YOUR PROTECTION OF PRIVACY PLEASE PLACE IN  
ENVELOPE AND MAIL TO:**

I.U.O.E. Local 181  
P.O. Box 34  
Henderson, KY 42419-0034