

L. U. No. _____

Certificate No. _____

IBEW System Council U-4 Death Benefit Fund, Inc.

A Corporation Not For Profit

Employee Application*

Spouse Application*

Change Application

* I hereby make application for membership in IBEW SYSTEM COUNCIL DEATH BENEFIT FUND, INC., a corporation not for profit, subject to the Constitution and By-Laws of said corporation.

NAME IN FULL _____ Social Sec. No. _____
(first) (middle) (last)

Permanent Mailing Address _____
(P. O. Box or Street Number) (City, State, Zip)

Date of Birth _____ Present Age _____
(Month/Day/Year)

SPOUSE'S NAME IN FULL _____ Spouse's Soc. Sec. No. _____

BENEFICIARIES

PRIMARY BENEFICIARY _____ (_____%)
(first) (middle) (last)

Permanent Mailing Address _____
(P. O. Box or Street Number) (City, State, Zip)

PRIMARY BENEFICIARY _____ (_____%)
(first) (middle) (last)

Permanent Mailing Address _____
(P. O. Box or Street Number) (City, State, Zip)

(Please indicate what percentage of the benefits each beneficiary shall receive.)

CONTINGENCY BENEFICIARY _____ (_____%)
(first) (middle) (last)

Permanent Mailing Address _____
(P. O. Box or Street Number) (City, State, Zip)

CONTINGENCY BENEFICIARY _____ (_____%)
(first) (middle) (last)

Permanent Mailing Address _____
(P. O. Box or Street Number) (City, State, Zip)

(Please indicate what percentage of the benefits each beneficiary shall receive.)

I am a member in good standing in one of the International Brotherhood of Electrical Workers Local Unions, AFL-CIO, which comprise the Florida Power and Light Company System Council U-4.

The foregoing information is true to the best of my knowledge, information, and belief.

Witnesses

Signature _____

SWORN TO AND SUBSCRIBED to me this _____ day of _____, 20 _____

Director _____

Notary Public, State of Florida at Large

My Commission expires _____