

TALB SURVIVOR BENEFIT INFORMATION FORM

Please fill out the information below and mail it to the TALB office along with your membership form and payroll deduction card.

MEMBER'S INFORMATION:

Last	First	Middle	School
------	-------	--------	--------

Street Address	City	Zip
----------------	------	-----

Home Telephone	Cellular Telephone	Home E-mail
----------------	--------------------	-------------

Member's Social Security Number

Name of Spouse (if married)

BENEFICIARY INFORMATION

*(If you have more than 1 beneficiary please list names and contact information in the back, and assign a percentage of benefit for each beneficiary.)

I DESIGNATE AS MY BENEFICIARY (IES)

Beneficiary's Name	Relationship	Percentage of benefit *
--------------------	--------------	-------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Beneficiary's Name	Relationship	Percentage of benefit*
--------------------	--------------	------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Date

Member's Signature

As a member or full agency fee payer of TALB, you are covered under our Survivor Benefit Plan. This plan provides an immediate benefit of \$3,000 to a designated beneficiary upon the death of an active plan member.

ADDITIONAL BENEFICIARIES:

Beneficiary's Name	Relationship	Percentage of benefit *
--------------------	--------------	-------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Beneficiary's Name	Relationship	Percentage of benefit*
--------------------	--------------	------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Beneficiary's Name	Relationship	Percentage of benefit*
--------------------	--------------	------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Beneficiary's Name	Relationship	Percentage of benefit*
--------------------	--------------	------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Beneficiary's Name	Relationship	Percentage of benefit*
--------------------	--------------	------------------------

Home Address (if different from above)	Home Telephone	Cellular Telephone
--	----------------	--------------------

Date

Member's Signature