



Please complete and return to 1015 N. Hollywood Way, Burbank, CA 91505-2541

**WRITER'S GUILD-INDUSTRY HEALTH FUND**  
**Designation of Beneficiary for Life Insurance**



Name of Participant \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

1. Primary Beneficiary's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

2. Secondary Beneficiary's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_