

Beneficiary Designation

Please Type Or Print

The Undersigned, A Member of

Local _____ of _____ State or Province

Hereby authorize that my beneficiary(s) be designated as

Mr. Mrs. Miss _____

Relation _____

Member's Name _____

(Print Name)

Member's Address _____

(Print Address)

(Postal Zip Code)

Member's Signature _____

(Sign Name in Full)

Union Officer's Signature _____

Date _____

(This cancels all previous
beneficiary designations)

