

International Union of Bricklayers and Allied Craftworkers
DEATH BENEFIT

IU# _____
(Member's Reg. No.)

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 _____

(This cancels all previous
beneficiary designations)

••••• Date _____

CHANGE OF BENEFICIARY

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee _____ Local Union
(Please Print) No. & State

Signature _____ Social Security
of Employee No. of Employee

Name of _____ Signature
Witness of Witness

Address of _____ Date
Witness

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of _____ Relationship
Beneficiary (Last) (First) (Middle) to Employee

Address of _____ Beneficiary
Beneficiary (Number) (Street) SS# / /

(City) (State) (Zip Code)

