

CHANGE OF BENEFICIARY CARD

Last Name

First Name

Initial

Address _____ City _____

Date of Birth _____ Age _____

Social Security No. _____ Local No. _____ Date _____

I hereby agree to be bound by all the provisions of the International Constitution and in particular by the requirements of Article XVIII thereof relating to "Payments in Connection with Death of Members," and in that connection, I furnish the following information:

Name of Beneficiary _____

Relation to Member (if any) _____

Signature of Member _____

(To Be Kept On File By Local Union)

