

SPRINKLER FITTERS U.A. LOCAL 821 – DEATH FUND

SOCIAL SECURITY NUMBER U.A. CARD NUMBER

LAST NAME FIRST INITIAL

MARITAL STATUS DATE MARRIED

ANY SUM BECOMING PAYABLE TO A BENEFICIARY BY REASON OF MY DEATH SHALL BE PAYABLE TO THE FOLLOWING BENEFICIARY. THIS DESIGNATION SHALL REVOKE ANY AND ALL DESIGNATIONS OF BENEFICIARIES PREVIOUSLY MADE BY ME.

FIRST MIDDLE LAST NAME

BIRTH DATE RELATIONSHIP

DATE SIGNATURE OF MEMBER

Mailing Address

Beneficiary Address if Other Than Above



THIS CARD MUST BE RETURNED TO YOUR LOCAL TO ESTABLISH BENEFICIARY.