

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 _____

Date _____

(This cancels all previous
beneficiary designations)

