

# 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 \_\_\_\_\_