

PLUMBERS & PIPEFITTERS LOCAL # 577
DESIGNATION OF BENEFICIARY

Dear Member:

This form, when completed, **SIGNED IN INK** and returned to the Local will serve as record of your beneficiary for the Local's death benefit fund.

MEMBER INFORMATION

Name _____ Date of Birth _____

Address _____ SS # _____
(Street #, Street Name, Apt #)

_____ Phone # _____
(City, State, Zip)

BENEFICIARY INFORMATION

Name _____ Relationship to You _____

Address _____ SS # _____
(Street #, Street Name, Apt #)

_____ Phone # _____
(City, State, Zip)

OPTIONAL (Contingent Beneficiary)

(Should your main beneficiary not survive)

Name _____ Relationship to You _____

Address _____ SS # _____
(Street #, Street Name, Apt #)

_____ Phone # _____
(City, State, Zip)

Member Signature _____ Date _____