

International Union of Bricklayers and Allied Craftworkers
DEATH BENEFIT FUND

IU# _____
(Member's Reg. No.)

Beneficiary Designation

Please Type Or Print

The Undersigned, A Member of

_____ of _____ State or Province
Hereby authorize that my beneficiary(s) be designated as

_____ Relation _____

_____ (Print Name)

_____ (Print Address) _____ (Postal Zip Code)

Member's Signature _____ (Sign Name in Full)

Union Officer's Signature _____

 Date _____

