

CHANGE OF BENEFICIARY

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee (Please Print) _____ Local Union No. & State _____

Signature of Employee _____ Social Security No. of Employee _____

Name of Witness _____ Signature of Witness _____

Address of Witness _____ Date _____

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of Beneficiary (Last) (First) (Middle) Relationship to Employee _____

Address of Beneficiary (Number) (Street) Beneficiary SS# / / _____

(City) (State) (Zip Code) _____

