

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 \_\_\_\_\_

(This cancels all previous  
beneficiary designations)



Date \_\_\_\_\_