

Plumbers & Pipefitters Local 553

Beneficiary of Benefits

(Please Print)

Last Name First Name MI

SSN

In compliance with the provisions of the Constitution of the United Association, of which I am a member, I hereby designate:

1. _____ SSN: _____ Relationship: _____

Phone: _____ Email: _____

2. _____ SSN: _____ Relationship: _____

Phone: _____ Email: _____

3. _____ SSN: _____ Relationship: _____

Phone: _____ Email: _____

as the person(s) who shall be paid any benefits to which I may be entitled at the time of my death.

Dated this _____ day of _____, 20____

(Member Signature)