LIFE INSURANCE - TRUST FUND BENEFICIARY
TRUST FUND METAL LATHERS LOCAL 46

Name _____
LAST FIRST INITIAL

Soc. Sec. No.

I hereby designate as my beneficiary to receive any moneys due upon my death under the Life Insurance and Accidental Death and Dismemberment provisions of the Metal Lathers Local 46 Trust Fund, the following:

Name of Beneficiary _____ Relationship _____

Address _____

In the event that the above named Beneficiary does not survive to receive any payments due after my death, I designate as CONTINGENT BENEFICIARY:

Name _____ Relationship _____

Address _____

Date Signed _____ Signature _____