VACATION ACCOUNT BENEFICIARY

Name _____ Soc. Sec. No.
LAST FIRST INITIAL

I hereby designate as my beneficiary to receive any moneys on deposit in my Individual Vacation Account with the Metal Lathers Local 46 Vacation Fund upon my death, the following:

Name of Beneficiary _____ Relationship _____

Address _____

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

Name _____ Relationship _____

Address _____

Date Signed _____ Signature _____