

STEAMFITTERS LOCAL #449

Important instructions: This card must be completed (In its entirety) by the member only.

MEMBER INFORMATION



Last Name (Please Print All Information)		First Name	Middle Name	Social Security No.	
Home Address			City, State, Zip Code		Date of Birth / / Local Union No.
Area Code ()	Telephone No.	Circle One Single Married	Divorced Separated	Widowed	Date of Marriage / / Date of Divorce / /
I hereby certify the beneficiary information provided herein is true and correct.					
X Signature (Do Not Print)			Date		
X Witness (Cannot be a Beneficiary)			Date		

STEAMFITTERS LOCAL #449 WELFARE FUND DESIGNATION OF BENEFICIARY

If you are married and you are not designating your spouse as your primary beneficiary, you must contact the Plan Office for the appropriate forms.

(1) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(1) Beneficiary's Address			City, State, Zip Code	
(2) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(2) Beneficiary's Address			City, State, Zip Code	
(3) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(3) Beneficiary's Address			City, State, Zip Code	

Contingent Beneficiary = Individual entitled to receive the benefit if the primary beneficiary(ies) die(s)

Contingent Beneficiary	Social Security No.	%	Relationship	Date of Birth
Contingent Beneficiary's Address			City, State, Zip Code	

For additional beneficiaries and/or contingent beneficiaries, please attach separate sheet.

Please note: If you appoint a minor beneficiary, please make proper arrangements should any death benefit be distributed to the minor beneficiary.

Please complete both sides.