

METAL LATHERS LOCAL 46 - LIFE INSURANCE BENEFICIARY CARD

Social Security Number:

NAME: _____

LAST

FIRST

INITIAL

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 _____

SS# _____ D.O.B. _____

Address _____

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

Name of Beneficiary _____ Relationship _____

SS# _____ D.O.B. _____

Address _____

Date Signed _____ Signature _____

Local 46 Trust Fund Office
61-02 32nd Avenue
Woodside (Queens), NY 11377
Phone: 212-535-2323

