

## CHANGE OF BENEFICIARY

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee  
(Please Print) \_\_\_\_\_ Local Union  
No. & State \_\_\_\_\_

Signature  
of Employee \_\_\_\_\_ Social Security  
No. of Employee \_\_\_\_\_

Name of  
Witness \_\_\_\_\_ Signature  
of Witness \_\_\_\_\_

Address of  
Witness \_\_\_\_\_ Date \_\_\_\_\_

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of  
Beneficiary \_\_\_\_\_ Relationship  
to Employee \_\_\_\_\_

(Last) (First) (Middle)

Address of  
Beneficiary \_\_\_\_\_ Beneficiary  
SS# / /

(Number) (Street)

(City) (State) (Zip Code)

