

LOCAL 272 WELFARE FUND
CHANGE OF BENEFICIARY FORM

MEMBER'S NAME _____

MEMBER'S SOCIAL SECURITY #: _____

I HEREBY REVOKE ANY AND ALL DESIGNATIONS AND OPTION ELECTIONS PREVIOUSLY MADE BY ME AND DIRECT THE PAYMENT OF THE DEATH BENEFIT UNDER THE LOCAL 272 WELFARE FUND TO THE BENEFICIARY LISTED BELOW. UNLESS OTHERWISE PROVIDED, IF MORE THAN ONE BENEFICIARY IS DESIGNATED EACH BENEFICIARY SHALL SHARE EQUALLY.

NAME OF BENEFICIARY: _____

ADDRESS OF BENEFICIARY: _____

RELATIONSHIP TO BENEFICIARY TO MEMBER: _____

(EXAMPLE: WIFE, SON, DAUGHTER, PARENT, ETC.)

DATE SIGNED

DATE SIGNED

PLEASE RETURN THIS FORM, NOTARIZED TO:

LOCAL 272 WELFARE FUND
220 E. 23RD ST., RM. 805
NEW YORK, NY 10010

STATE OF _____ COUNTY OF _____

ON THE DAY OF _____, BEFORE ME PERSONALLY CAME

_____ TO ME KNOWN, AND KNOWN TO ME TO BE THE INDIVIDUAL
IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND(S) HE DULY ACKNOWLEDGED
TO ME THAT(S) HE EXECUTED THE ~~SAME~~. _____

