



**Sprinkler Fitters U.A. Local 709**  
**12140 Rivera Road**  
**Whittier, CA 90606**  
**(562) 698-9909**

NAME: \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

**UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF PLUMBING  
AND PIPEFITTING INDUSTRY OF THE UNITED STATES AND CANADA**

**BENEFICIARY OF BURIAL EXPENSE**  
(FOR LOCAL 709 ONLY)

To the Secretary of Local 709, City of Whittier, California.

In compliance with the provisions of the Constitution of the United Association of which I am a member I hereby designate \_\_\_\_\_  
(D.O.B. of Beneficiary) \_\_\_\_\_ as the person to whom shall be paid any  
“Burial Expense Benefit” to which I may be entitled at the time of my death. This individual will be responsible for the payment of my funeral expense. I understand that if the aforementioned party does not assume responsibility for my burial expense, the benefit will be paid to the party who does or the party who is more equitably entitled.

MEMBER’S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**\*\*Instructions: Print, complete ALL parts of the form, and return to Local 709 by MAIL only.**