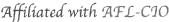
Sprinkler Fitters Local 709 Affiliated with AFL-C10





		ALERTI
	709 Member's Name	UA Card #
		URNEYMEN & APPRENTICES OF PLUMBING RY OF THE UNITED STATES AND CANADA
	BENEFICIARY OF BURIAL EXPENSE (FOR LOCAL 709 ONLY)	
į	Γο 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 member I hereby designate	
ŀ		
7	Beneficiary's Full Name	Beneficiary's SSN
	Beneficiary's Address	Relationship
	Beneficiary's Birth Date	Email Address
	Cell phone	Other phone #'s
	Emergency Contact Name & cell/home/oth	er# (someone other than your beneficiary)
	as the person(s) to whom shall be paid any "Burial Expense Benefit" to which I may be entitle 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 mountail expense, the benefit will be paid to the party who does or the party who is more equitable entitled.	

(cannot be signed by beneficiary) Witness:

Member's Signature: _____ Date: ____

Instructions: Complete ALL parts of the form, and return to Local 709.

ms/opeiu local 537, afl-cio, clc