

APPLICATION FOR LOCAL UNION 769 DEATH BENEFIT FUND

I agree to pay a \$3.00 Initiation Fee and \$3.00 upon the death of each member in the Death Benefit Fund

_____ I **Do** want to participate in the LU 769 Death Benefit Fund

_____ I **Do Not** want to participate in the LU 769 Death Benefit Fund

Name _____

Date of Birth _____

Primary Beneficiary _____

Relationship _____ Percent _____

Contingent Beneficiary _____

Relationship _____ Percent _____

Contingent Beneficiary _____

Relationship _____ Percent _____

Signature _____

Date _____