

Sprinkler Fitters Local 709

Affiliated with AFL-CIO



709 Member's Name _____ UA Card # _____

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

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/other# (someone other than your beneficiary)

as the person(s) 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: _____ (cannot be signed by beneficiary)

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

ms/opeiu local 537, afl-cio, cfc

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