

LAST NAME (PRINT)

FIRST

MIDDLE

SSN

**United Association of Journeymen & Apprentices of the Plumbing and Pipefitting Industry
of the United States and Canada**

BENEFICIARY OF BURIAL EXPENSE
(For local union use only)

To the Secretary of Local 208, City of Denver, State of Colorado

In compliance with the provisions of the Constitution of the United
Association of which I am a member I hereby designate _____

Relationship & Address _____

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.

WITNESS:

Date this ____ day of _____ 20__

(MEMBER'S SIGNATURE)