

**ILWU LOCAL 63 OCU**  
6615 E. Pacific Coast Hwy Suite 250  
Long Beach CA 90803  
(562) 799-3834

*Please return this form back to the address shown above. Thank you.*

PLEASE PRINT THE INFORMATION CLEARLY.

**Union Member Name:** \_\_\_\_\_

**Appointment of Beneficiary\***

I hereby appoint the following as revocable beneficiary of any monies payable upon my death as outlined in the OCU By-Laws (Article XI, Section 1):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* If this form is not submitted to the Union office the benefit is void.*