

ILWU LOCAL 63 OCU

3620 Briggeman Dr
Los Alamitos CA 90720
(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.*