

# 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.*