

Important:
Read all instructions
before filling in this
form.

Designation of Beneficiary Boilermakers Lodge 154 Benefit Fund

A. Identification

Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Social Security Number
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I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **mutual death benefits** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due. I further understand that this Designation of Beneficiary will remain in full force and effect until I expressly change or revoke it in writing under the Mutual Death Benefits provision of the Boilermakers Lodge 154 Benefit Fund.

B. Information Concerning The Beneficiaries

First Name, Middle Initial, and Last Name of Each Beneficiary	Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to be Paid to Each Beneficiary
Date of Designation (mm/dd/yyyy)	Your Signature		

C. Witnesses (A witness is not eligible to receive payment as beneficiary)

We, the undersigned, certify that this statement was signed in our presence.

Signature of Witness	Number and Street	City, State and ZIP Code
Signature of Witness	Number and Street	City, State and ZIP Code

Receiving Fund Certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date Received	Signature	Date
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Type or print your return address to insure return: