

AGVA WELFARE TRUST FUND
DEATH BENEFIT DESIGNATION

DATE _____

PERFORMER'S LEGAL NAME _____

PERFORMER'S STAGE NAME _____

ADDRESS _____

PHONE & CELL PHONE NUMBERS _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ - _____ - _____ AGVA # _____

This designation supercedes all (if any) previous designations.

PRIMARY BENEFICIARY _____

(please use full name)

DATE OF BIRTH _____

RELATIONSHIP _____

SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____

PHONE & CELL NUMBERS _____

EMAIL ADDRESS _____

SECONDARY BENEFICIARY _____

(please use full name- **OPTIONAL-PLEASE DESIGNATE ONLY IF YOU WISH THE BENEFIT TO BE DIVIDED BETWEEN TWO DIFFERENT PEOPLE**)

DATE OF BIRTH _____

RELATIONSHIP _____

SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____

PHONE & CELL NUMBERS _____

EMAIL ADDRESS _____

MEMBER'S SIGNATURE _____