



REPUBLIC WORKERS' UNION DEATH BENEFIT FORM

Date: _____

I, _____
MEMBER'S NAME

member of _____ Branch of Republic
Workers' Union, hereby nominate,

BENEFICIARY'S NAME

of _____
BENEFICIARY'S ADDRESS

Contact number _____
CELL # AND WORK# as my beneficiary
in the event of my death.

Member's Signature

Witnessed by: _____ of

WITNESS' NAME
WITNESS' ADDRESS

Contact number _____
CELL # AND WORK#.

Witness' Signature

FOR OFFICIAL USE ONLY

Approved by:

Date:



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