

**International Pension Fund
Change of Beneficiary**

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund office.

Name of Employee (Please Print) _____

Local Union (Number and State) _____

Signature of Employee _____

Social Security Number of Employee _____

Name of Witness _____

Signature of Witness _____

Address of Witness _____

Date _____

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of Beneficiary _____
(Last) (First) (Middle)

Relationship to Employee _____

Address of Beneficiary _____
(Number) (Street)

(City) (State) (Zip Code)

Beneficiary Social Security Number _____