



## **UFCW LOCAL 368A DEATH BENEFIT BENEFICIARY DESIGNATION**

Member's Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

*In accordance with and subject to the provisions of the UFCW Local 368A Death Benefit Program, I hereby designate as my beneficiary in the event of my death:*

Beneficiary's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

*The right to change the beneficiary herein designated without the consent of said beneficiary is hereby reserved.*

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

