

**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 No. & State
Signature of Employee	Social Security No. 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)	Beneficiary SS#	/ /
	(City)	(State)		(Zip Code)

