

**Iron Workers Local Union No. 5 Death Benefit Fund
Designation of Beneficiary**

Member Name: _____ **Membership No.** _____
First M. Init. Last

Address: _____
Number & Street City State Zipcode

Primary Beneficiary Name: _____ **Social Security No.** _____

Relationship to Member: _____

Address of Beneficiary: _____

Contingent Beneficiary (Optional)
(If Primary Beneficiary is deceased,
missing or disclaims the benefit.)

Name: _____ **Social Security No.** _____

Relationship to Member: _____

Address of Beneficiary: _____

(If no beneficiary is designated or if all designated beneficiaries are deceased, missing or disclaim, the benefit will be paid to the Member's estate or may be paid directly to defray the cost of burial or cremation.)