

PLEASE USE TYPEWRITER OR PRINT CLEARLY

Name Your Name _____ Employer Your Employer and Site _____

Address Your Address _____ City Your City, Postal Code _____
(Street or Rural Route)

UNITED STEELWORKERS

Local Union No. 8914 _____

I hereby designate as my beneficiary under the Union Assistance Plan.

Name Your Beneficiary _____ Relationship Relationship to you _____

Address Beneficiary Complete Address _____

Date Date Card Completed _____ Witness Another person to witness _____ Signed Your Signature _____

(To be kept in Local Union files and delivered to the Administrator in case of death)



On the back of card (not required, voluntary to include)

Please include:

Your email, this will allow us to add you to our emailing list for any updates or changes

Contact Phone #, if a cell please indicate this

Thank you, we feel it is very important to complete this card, it is at no extra cost to you.

In the event of your passing, your beneficiary will receive a CHQ for \$2,500.00