
Last (Print) First Middle

Card No. _____

SSN/SIN _____

United Association of Journeyman & Apprentices of the Plumbing and Pipefitting Industry of
the United States and Canada

Beneficiary of Burial Expense

To the Secretary of Local _____ City _____ State _____

In compliance with the provisions of the Constitution of the United Association of
which I am a member I hereby

designate _____ Relationship

_____ as the person to whom shall be paid any
"Burial Expense Benefit" to which I may be entitled at the time of my death. This
individual will be responsible for the payment of my funeral expense. I understand
that if the aforementioned party does not assume responsibility for my burial
expense, the benefit will be paid to the party who does or the party who is more
equitable entitled.

Dated this _____ day of _____ 20

WITNESS:

Member's Signature:

Address: _____

Email Address: _____