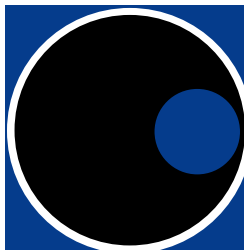


# PIPELINERS



**UNION 798**  
UNITED ASSOCIATION

## Beneficiary of Burial Expense

The Burial Expense Benefit Plan is operated and administered by the United Association, as found in Sections 169-175 of the Constitution of the United Association.

Return to Pipeliners Local Union 798:  
Mail: PO Box 470798 Tulsa, OK 74147  
Fax: 918-627-9327  
Email: [information@local798.org](mailto:information@local798.org)

LAST (PRINT)	FIRST	MIDDLE	Card No. _____
			SSN/SIN _____
<p><b>United Association of Journeymen &amp; Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada</b></p> <p><b>BENEFICIARY OF BURIAL EXPENSE</b></p> <p><b>(Mail completed form to your Local Union)</b></p>			
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 equitably entitled.			
WITNESS:	Dated this _____ day of _____		
	<small>(day) (month) (year)</small>		
	_____ (Member's Signature)		
	<small>Form 26 - Rev. 10/99</small>		

\_\_\_\_\_  
Beneficiary Mailing Address

\_\_\_\_\_  
Beneficiary Phone Number

\_\_\_\_\_  
Beneficiary Email Address