

FROM:	Benefit Fund Participant	Name:	
		Address:	
TO:	IATSE National Health and		
•	Welfare Fund - Board of Trustees	Soc. Sec. #.:	
RE:	Designation of Beneficiary	Date of Birth:	
	ce with the provisions of the Rules and Fignate as my:	egulations of the IATSE National He	alth and Welfare Fund,
PRIMARY	<u>BENEFICIARY(IES):</u>		
Name:			
Address:			
Date of Birt	th/Relationship: Date of Marriage:		
Address:			
Date of Birt	th/Relationship:		
and I hereby	y designate as my:		
SECOND I	BENEFICIARY(IES):		
Name:			,
Address:			
Date of Birt	d. (This book his south the co		
Name:	***************************************		
Address:		to we are serviced. Mark to	
Date of Birt	1 /75 1 .1 1 1		
Of any and	all benefits from the IATSE National Healt	n and Welfare Fund, as a result of my	leath.
	(Signature)	***************************************	(Date)
PLEASE H	AVE THIS FORM WITNESSED:		
	Witness		(Dute)