

Change Of Beneficiary Form

To: District Local Union 431, UFCW

As of the date below my signature, I hereby certify I wish my beneficiary of the Voluntary Death Benefit Program changed to the person named below. It is my understanding that this change of Beneficiary Form shall supersede any previously dated application or change. I also understand that this is not valid unless my signature has been witnessed by someone other than the beneficiary and the form has been dated and received by the Davenport office at Local 431, 1401 W. Third St., Davenport, Iowa 52802.

Beneficiary: _____ Relationship : _____

Beneficiary Address _____

Date: _____ S.S. # _____ Signature _____

Employer: _____ Witnessed By: _____