

APPLICATION FOR VOLUNTARY DEATH BENEFITS

In making application to The Voluntary Death Benefit Program, I will maintain my membership in good standing in L-431 and voluntarily donate \$1 into said plan. I will further donate \$1 immediately following the death of a participating member of this plan. I agree that if I do not make this donation within 30 days following the death of designated member and upon such notification, I shall be suspended and my beneficiary, so named by me shall not be eligible to receive any benefits from this program whatsoever. In case of accident, catastrophe or unusual circumstance, which will result in the deaths of more than one participating member at one time. I hereby agree to voluntarily donate additional amounts necessary by the Death Benefit Directors or participating members. I authorize the Death Benefit Directors, In case of my death, to pay the beneficiary as shown below, the death benefits amount that is determined by the Board of Directors or as provided in the Bylaws of this plan. I agree that if I do not make donations as prescribed by said Bylaw, my beneficiary shall not be entitled to any benefits by L- 431 whatsoever.

Beneficiary _____ Relationship _____ Date _____

Signature _____ Soc. Sec # _____ Witnesseth by _____

Any change In beneficiary must be made in writing with the date and your signature has been witnessed.