

TO: DISTRICT LOCAL UNION 431 _____
(Employer's Name)

As of this date, I hereby certify that **I DO NOT** wish to continue as a member of the Voluntary Death Benefit Fund. I understand my estate and/or beneficiaries will not be eligible for any death benefits from District Local Union 431 in the event of my death. **I also understand that this form is not valid unless my signature has been witnessed and the form dated, and received by the Davenport office at Local 431, 1401 West 3rd Street, Davenport, IA 52802.**

Signed: _____

Date: _____ S.S. # _____

Witnessed by: _____