

DISCONTINUE VOLUNTARY DEATH BENEFIT PROGRAM

TO: DISTRICT LOCAL UNION 431

As of today's date, I hereby certify that I **DO NOT** wish to continue as a member of the Voluntary Death Benefit Fund. I understand that my beneficiary and/or estate will not be eligible to receive any benefits from the Voluntary Death Benefit Fund 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 of Local 431 at 2411 W. Central Park Avenue, Davenport, IA 52804.**

Employer: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member SS#: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_