
LAST (PRINT) FIRST MIDDLE Card No. _____
SSN/SIN _____

**United Association of Journeymen & Apprentices of the Plumbing
and Pipefitting Industry of the United States and Canada**

BENEFICIARY OF BURIAL EXPENSE
(Mail completed form to your Local Union)

To the Secretary of Local _____ City _____ State _____

In compliance with the provisions of the Constitution of the United Association of which I am a member I hereby designate _____

Relationship _____ as the person to whom shall be paid any "Burial Expense Benefit" to which I may be entitled at the time of my death. This individual will be responsible for the payment of my funeral expense. I understand that if the aforementioned party does not assume responsibility for my burial expense, the benefit will be paid to the party who does or the party who is more equitably entitled.

WITNESS:

Dated this _____ day of _____
(day) (month) (year)

(Member's Signature)

