PLEASE COMPLETE BOTH PARTS OF CARD

LAST NAME	FIRST NAME		MIDDLE NAME			LOCAL UNION NO.
HOME ADDRESS	CITY	STATE	ZIP CODE	MARRIED	SINGLE	DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER	UNION MEMBERSHIP NUMBER	DATE FIRST JOINED LOCAL UNION

PRIMARY DEATH BENEFIT BENEFICIARY INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP

ADDRESS	CITY	STATE	ZIP CODE

ALTERNATE BENEFICIARY IF PRIMARY BENEFICIARY IS PRE-DECEASED OR IS DIVORCED FROM ME

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP

ADDRESS	CITY	STATE	ZIP CODE

DATE CARD IS SIGNED:

MONTH DAY YEAR

SIGNATURE IN INK - USE FULL NAME

CENTRAL LABORERS' PENSION & WELFARE FUNDS
P.O. BOX 1267, JACKSONVILLE, IL 62651-1267
PHONE: 800-252-6571

LIST BELOW NAMES OF YOUR SPOUSE AND UNMARRIED CHILDREN THAT ARE DEPENDENT UPON YOU FOR AT LEAST 1/2 OF THEIR SUPPORT						
	PLACE AN "X" BY RELATIONSHIP			DATE OF BIRTH		
LIST FULL NAMES IN ORDER OF AGE - ELDEST FIRST	SPOUSE	DAUGHTER	SON	MONTH	DAY	YEAR

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