

LOCAL 76

CHANGE OF BENEFICIARY

I hereby declare and direct that the Death Benefit shall upon my death be paid to

.....
.....

Relationship.....
and I appoint and appropriate the money accordingly, hereby revoking or altering all prior designations, appointments, appropriations or apportionments heretofore made by me,

Dated at Powell River, B.C., this..... day of..... 20

.....
Witness

.....
Signature

Please fill out the form above, **Make sure it is witnessed and Dated!** then drop off the completed form at the union hall