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

**United Association of Journeyman & 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 Bene-
fit" to which I may be entitled at the time of my death. This individual will be responsible for the pay-
ment of my funeral expense. I understand that if the aforementioned party does not assume responsi-
bility 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)