

\_\_\_\_\_  
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)