



**UNITED STEELWORKERS, LOCAL 1-1937, AFL-CIO-CLC
DEATH BENEFIT FUND DESIGNATION OF BENEFICIARY FORM**

(PLEASE PRINT)

Operation at which employed _____ Social Insurance No. _____

I, _____ designate as my beneficiary

(Name of First Beneficiary) _____ %
Percentage (Optional)

(Address)

(Relationship)

(Name of Second Beneficiary) _____ %
Percentage (Optional)

(Address)

(Relationship)

I understand that as long as I am a Member in good standing, as defined in the By-Laws of the Death Benefit Fund of United Steelworkers, Local 1-1937 AFL-CIO-CLC, in the event of my death, the Local Death Benefit Fund will pay the above-named first beneficiary the sum as specified in the By-Laws unless otherwise stipulated by percentage option. Application must be made within sixty (60) days.

Member's Signature

Date