



**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)**

\_\_\_\_\_  
**(Name of Secondary Beneficiary)**

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(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. Application must be made within sixty (60) days.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date