



# IRON WORKERS' Tri-State Welfare Fund

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## BENEFICIARY DESIGNATION FORM

### I. Information about You:

Name	Social Security Number	
Address	Date of Birth	
City	State	Zip Code

### II. Iron Workers Tri-State Welfare Fund Death Benefit (Applies to Participants of Locals 111, 112, 380, 393 and 444)

Please indicate below the beneficiary(ies) who will receive any death benefits from the Welfare Fund upon your death:

Beneficiary Name	Relationship	Address	Social Security Number

### Participant Certification

I hereby certify that the above information is true and complete and I hereby designate the beneficiary(ies) noted above to receive any benefits payable following my death.

Member's Signature

Date