

**ROOFERS LOCAL UNION NO. 33 INSURANCE FUND**  
**53 EVANS DR. PO BOX 9106 STOUGHTON MA 02072**  
**(781) 341-1657**

**Designation of Beneficiary**

YOUR NAME \_\_\_\_\_ SS# \_\_\_\_\_

I hereby designate the following-named primary beneficiary to receive the amount of life insurance benefits, if any, payable at my death, under the provisions of the Insurance Fund.

Instructions: Give the full name of the beneficiary. (please note if you name a minor the benefits may be assigned to a guardian)

For example: Roberta L. Winters (Not Mrs. Roger L. Winters)

**PRIMARY BENEFICIARY**

Name of Primary Beneficiary \_\_\_\_\_

Relationship of Beneficiary \_\_\_\_\_

Social Security# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address & Phone of Primary Beneficiary \_\_\_\_\_

**SUCCESSOR BENEFICIARY**

In the event my designated primary beneficiary is not alive at the time of my death then I hereby designate the following-named successor beneficiary to receive the amount of life insurance benefits, if any, payable at my death, under the provisions of the Insurance Fund.

Name of Successor Beneficiary \_\_\_\_\_

Relationship of Beneficiary \_\_\_\_\_

Social Security# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address of Successor Beneficiary \_\_\_\_\_

I reserve the right to revoke and change either my primary beneficiary designation and/or my successor beneficiary designation at any time by giving written notice on the form prescribed by the Trustees of the Insurance Fund.

Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

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Received in Fund Office for filing: Date \_\_\_\_\_ Initials \_\_\_\_\_