BENEFICIARY and DEPENDENT RECORD CARD PLUMBERS' WELFARE FUND, LOCAL 130, U.A.

PLEASE PRINT ALL INFORMATION

DATE

lame:		Telephone:						
Last		First		Initial				
Address:								
	Street No.		City	•	State	Zip Code		
Pate of Birth:		Day	Social Security No					
Mon	ui .	Day	1691					
Marital Status (Check One):	Single	Married		_Separated	Divorced			
f Married Spouse's Name:		S.S. No _	in the second se		Birthdate			
DEATH BENEFIT Name Beneficiary:					_ Relationship:			
Address of Beneficiary:	· ·							
	Street No.		City		State	Zip Code		
f Beneficiary Not .iving Pay to:					_ Relationship:			
		Name						
	Street No.		City		State	Zip Code		
	(OVER)							
	(01-11)			•	Signature			

DEPENDENT RECORD

Full Name of All Unmarried Children Under 26 Years of Age	Social Security #	Date of Birth Month Date Year		Are You Furnishing Over Half of Child's Support? (See Note)

NOTE: If a child is gainfully employed on a full-time basis, this question must be answered "NO".