

CHANGE OF BENEFICIARY

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee (Please Print)	Local Union No. & State
Signature of Employee	Social Security No. of Employee
Name of Witness	Signature of Witness
Address of Witness	Date

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of Beneficiary	Relationship to Employee
(Last) (First) (Middle)	
Address of Beneficiary	Beneficiary SS# / /
(Number) (Street)	
(City) (State)	(Zip Code)



**For your security, please mail in a
sealed envelope to:**
Bricklayers & Trowel Trades
International Pension Fund
620 F Street, N.W.
Suite 700
Washington, D.C. 20004