

**Bricklayers & Trowel Trades International Retirement Savings Plan**

**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.**

<b>Name of Employee</b> <b>(Please Print)</b>	<b>Local Union</b> <b>No. &amp; State</b>
<b>Signature</b> <b>of Employee</b>	<b>Social Security</b> <b>No. of Employee</b>
<b>Name of</b> <b>Witness</b>	<b>Signature</b> <b>of Witness</b>
<b>Address</b> <b>of Witness</b>	<b>Date</b>

**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 Retirement Savings Plan.**

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

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