

BAC SAVE 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. If the Beneficiary is not a Spouse, the Beneficiary Designation cannot be made without the spouse' notarized consent.

Name of Employee (Please Print) _____ Local Union (Number & State) 5 -OK*AR*TX
(Last) (First) (Middle)

Participant's Signature _____ Participant's IU or Social Security Number _____

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 Retirement Savings Plan.

Name of Beneficiary _____

Beneficiary's Relation to Participant _____ Beneficiary's Social Security Number _____

Address of Beneficiary _____
(Number & Street) (City) (Zip Code)



Mail this form to:
Bricklayers & Trowel Trades
International Retirement Savings Plan
620 F Street, N.W., Suite 700
Washington, D.C. 20004