

CHANGE OF BENEFICIARY FORM

TO: DISTRICT LOCAL UNION 431, UFCW

As of the date below my signature, I hereby certify that I wish my beneficiary of the Voluntary Death Benefit Program to be changed to the person named below. It is my understanding that this Change of Beneficiary form shall supersede any previously dated application or change. I also understand that this form is not valid unless my signature has been witnessed by someone other than the beneficiary and the form has been dated and received by the Davenport office at Local 431, 2411 W. Central Park Avenue, Davenport, Iowa 52804.

BENEFICIARY _____ RELATIONSHIP _____

BENEFICIARY'S ADDRESS: _____

DATE: _____ S.S.#: _____ SIGNATURE: _____

Employee's

EMPLOYER: _____ WITNESSED BY: _____