

BOSTON PLASTERERS' & CEMENT MASONS' LOCAL SUB FUND
BENEFICIARY DESIGNATION

You should complete and return this form:

Name _____ Social Security No. _____

Address _____



Designated Beneficiary

I hereby designate as my beneficiary under Boston Plasterers' & Cement Masons' Local #534 SUB Fund:

Name: _____ Date of Birth _____

Address _____

Social Security No. _____ Relationship _____

This Beneficiary designation revokes all previous designations

Participant's Signature

Witness' Name (Printed)

Date

Witness' Address

Witness' Signature & Date