

Unifor Local 603

Death Benefit Gift Fund – Declaration of Beneficiary

Please Print

I _____ hereby declare and direct that the Death Benefit shall upon my death be paid to:

(Last Name)	(First Name)	(Relationship)
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(Address)

(City)	(Province)	(Postal Code)	(Phone Number)
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And I appoint and appropriate the money accordingly.

Dated at Prince George, BC this _____ day of _____ 20____

(Member Signature)

(Witness Signature)

****Original form must be mailed or dropped off at the office.