BENEFICIARY CARD — Professional Musicians, Local 47, AFM

(Please Type or Print with Ink)

Date of Birth: Month Day Year | Social Security #: — —

I hereby designate my Beneficiary to be:

Designated Beneficiary: _____
Last Name First Name Middle Name

Relationship: _____ Birth Date: _____

Address: _____
Number/Street City State Zip Code

Social Security #:_____ — — _____ Telephone #: (____)_____

(NB: If you wish to designate two or more Joint Beneficiaries, initial here _____ and attach an additional page containing the above information for the additional beneficiary or beneficiaries.)

If my Designated Beneficiary should predecease me, my Alternate Beneficiary shall be:

Alternate Beneficiary: _____
Last Name First Name Middle Name

Relationship: _____ Birth Date: _____

Address: _____
Number/Street City State Zip Code

Social Security #:_____ — — _____ Telephone #: (____)_____

Musician's Signature: X_____ Date: _____
(Full Legal Name)

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Legal Name: _____ ☐ Male

Professional Name: _____ ☐ Female

Social Security Number: _____

Instruments: _____

Date of Birth: _____ Place of Birth: _____

Full Member: _____ Life Member: _____

(The following information is for use by the Death Benefit Insurance Carrier and for the payment of residuals due the member after death.)

I understand that the Death Benefit provided by virtue of my membership in Local 47 is payable only to my designated beneficiaries as set forth on the reverse side of this card and only if my membership is in good standing at the time of my death. I agree to make no other insurance claim against the Professional Musicians, Local 47.

I further understand that any residual payments due to me after death are also payable to my designated beneficiaries as set forth on the reverse side of this card. I agree to make no provision in my will in conflict with this beneficiary designation.

Musician's Signature: X_____ Date: _____
(Full Legal Name)