

**PLUMBERS AND PIPEFITTERS  
U.A. LOCAL NO. 350  
DEATH BENEFIT**

Name \_\_\_\_\_ (PLEASE PRINT OR TYPE) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
CITY STATE ZIP

Social Security No. \_\_\_\_\_

**DEATH BENEFITS TO BE PAID TO:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
CITY STATE ZIP

Date \_\_\_\_\_ Member's Signature \_\_\_\_\_

