

**DRYWALL, ACOUSTIC, LATHING AND INSULATION LOCAL 675 LIFE AND HEALTH  
BENEFIT PLAN**

**MEMBER INFORMATION BENEFICIARY CHANGE FORM**



Please fill in your Last and First Name, as well as your Certificate Number (Union I.D.), and complete **ONLY** the information that has changed. Sign and return to the Plan Administrator.

PERSONAL INFORMATION			
Last Name	First Name	Date of Birth Day    Month    Year	Certificate Number (UNION I.D.)

CHANGE IN: LIFE INSURANCE BENEFICIARY DESIGNATION				
Last Name	First Name	Date of Birth Day    Month    Year	Relationship	Percentage (100%)


I hereby revoke all existing beneficiary(ies) designation(s) made by me for the Drywall, Acoustic, Lathing and Insulation Local 675 Life and Health Benefit Plan and designate the person(s) named above as my beneficiary, if then living, to receive any benefits payable under the Drywall, Acoustic, Lathing and Insulation Local 675 Life and Health Benefit Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.


Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designation revocable). I hereby make the designation:

- Revocable                       Irrevocable

I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits. I further consent to the release of this information to my insurer, if applicable and required by my insurer.

I hereby certify that all the statements and information on this form are true.

 \_\_\_\_\_  
**Member's Signature**

 \_\_\_\_\_  
**Date**

**PLEASE SIGN AND RETURN TO PLAN ADMINISTRATOR UPON COMPLETION**

For other changes, please refer to the general change form also available on MWAOnline