

**OPEIU LOCAL 9
BENEFICIARY DESIGNATION FORM**

I _____ am a member of OPEIU Local 9
and hereby designate my death beneficiary to the following individual(s).
(Please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature of Member _____

Date: _____