



**CHANGE OF BENEFICIARY DESIGNATION
NORTHERN CALIFORNIA PLASTERING
INDUSTRY VACATION PLAN**

P.O. Box 2500
San Francisco, CA 94126
(415) 986-6276

Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Marital Status _____

Reason For Change (please circle one)

- Divorced* Remarried* Not Previously Filed Death
- Other _____

*If change is due to a divorce or if you have been previously divorced & remarried please enclose a complete copy of your divorce decree and property settlement to ensure there is no entitlement of benefits by a prior spouse.

I hereby revoke any prior designation of beneficiary executed prior to this date.

Member Signature _____ Date _____

I hereby designate the following as my beneficiary in the event of my death for the following benefits if they are available: Vacation Fund Balance.

Beneficiary Name _____ Relationship _____

Beneficiary Address _____

In the event that the beneficiary named above should die before me, I designate the following as beneficiary:

Beneficiary Name _____ Relationship _____

Beneficiary Address _____

Signature _____ Date _____

Witness _____ Date _____