



LOCAL UNION 415 APPLICATION FOR DEATH BENEFIT

1. Name	<input type="text"/>	2. L.U. No.	<input type="text"/>		
3. Card No.	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>
4. Height	<input type="text"/>	Weight	<input type="text"/>	Social Security No.	<input type="text"/>
5. Residence Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
6. Primary Beneficiary	<input type="text"/>		7. Relationship	<input type="text"/>	
8. Contingent Beneficiary	<input type="text"/>		9. Relationship	<input type="text"/>	

Sign Full Name _____ Date _____