TRUSTEES OF THE S.T.A. OF BALTIMORE-I.L.A. PENSION TRUST FUND BENEFICIARY CARD FOR PRE-RETIREMENT DEATH BENEFIT

Date of Birth//		Phone-		ARRIED- YES _	NO
		DESIGNATED BENEFI			
Date	Name of Beneficiary	Address	Relationship	Date of Birth	Social Security Number
Date	Signed I	by Participant			
Juic	Signed t	, y 1 ar norpant			
The also are		o for inclusion in the C.T.A. I.I.A. I	Danaian Dlan		
ne above p	barticipant has thet the requirement	s for inclusion in the S.T.AI.L.A. I			
		Signed	For the Poor	d of Trustees	
			roi the Boar	d of Trustees	
NOTE: Par	rticipants who defraud or attempt to de	froud the Fund or who knowingly give fol			
	ticipants who denadd of attempt to de	iraud the rund or who knowingly give far	se or misleading information	may be liable to the Fund.	Participants are responsible
or notifying t	the Fund Office of any changes in marita	al status and/or beneficiary changes by co	se or misleading information ming into the Fund Office an	may be liable to the Fund. d submitting the required f	Participants are responsible forms.
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