

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Legal Name: _____ Male
Professional Name: _____ Female
Social Security Number: _____
Instruments: _____
Date of Birth: _____ Place of Birth: _____
Full Member: _____ Life Member: _____

(The following information is for use by the Death Benefit Insurance Carrier and for the payment of residuals due the member after death.)

I understand that the Death Benefit provided by virtue of my membership in Local 47 is payable only to my designated beneficiaries as set forth on the reverse side of this card and only if my membership is in good standing at the time of my death. I agree to make no other insurance claim against AFM Local 47.

I further understand that any residual payments due to me after death are also payable to my designated beneficiaries as set forth on the reverse side of this card. I agree to make no provision in my will in conflict with this beneficiary designation.

Musician's Signature: X _____ Date: _____
(Full Legal Name)