

**DES MOINES IRON WORKERS WELFARE FUND AND PENSION TRUST
LOCAL 67
BENEFICIARY CARD**

Last Name			First Name in Full		Middle Name in Full	
Home Address			City		State	Zip
Social Security Number			Home Local #		Date Initiated	
Date of Birth			Check One		Membership Number	
Month Day Year			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Death Benefits to Be Paid to:					BE SURE TO LIST YOUR DEPENDENTS AND SS # ON BACK OF CARD	
Full Name --- Example: Mary A. Doe			Relationship			
Address			City		State	Zip

THIS CARD MUST BE SIGNED AND NOTARIZED ON REVERSE SIDE

**YOU MUST COMPLETE THIS
CARD COMPLETELY**

DES MOINES IRON WORKERS
1501 E. AURORA, SUITE B
DES MOINES, IOWA 50313
515-282-4293

**PLEASE PRINT
ALL INFORMATION**

Print name of each dependent below. Dependents who may be included in this application are wife and all unmarried children under 19 years of age or over 19 if a full time student. All eligible dependents must be listed.

Names of Eligible Dependents	SS Number	Birth Date			Relationship		
		Mo.	Day	Yr.	Wife	Son	Daughter
Signature				Date			

STATE OF)
COUNTY OF) SS
)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said county and in said State, personally appeared _____, to me known to be the identical person named in and who executed the within and foregoing instrument and acknowledged that he/she executed the same as his/her voluntary act and deed.

NOTARY PUBLIC IN AND FOR THE STATE OF
