## BAC LOCAL UNION 15 WELFARE FUND

## PO Box 909500, Kansas City, MO 64190-9500 (816) 777-2668 Toll Free (833) 479-9428

Last Name				First Name in Full			Middle Name in Full	
Home Address				City and State			Zip Code	
Social Security No.			Date Employee Joined Union		Cell Phone No. Ho		ome Telephone No.	
Date of Birth			Marital Status		Sex	Email Address		
Month	Day	Year	DMarried Divorced Single DWidowed	1	Male Female			

Please be sure to complete and sign the back of this card to designate your beneficiary(ies). Beneficiary designations may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator.

Signature

WELFARE BENEFICIARY CARD

Complete back of card<sup>®</sup>

Date

			Da	Date of Birth		
Name	Social Security No.	Address	Month	Day	Year	