

BENEFICIARY CARD — AMERICAN FEDERATION OF MUSICIANS LOCAL 47

MEMBER INFORMATION

Member Name: _____ Stage Name/aka: _____
Full Legal Name

Date of Birth: _____ Social Security #: _____
Month Day Year

Instrument(s): _____

Place of Birth: _____

I understand that the \$1,000 Death Benefit provided by virtue of my membership in AFM 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 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.

MUSICIANS' SIGNATURE: **X** _____ Date: _____

(revised 09/2022)

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*This Beneficiary Card is for use by the Death Benefit Insurance Carrier
and for the payment of residuals due the member after death.*

I hereby designate my Beneficiary to be:

Designated Beneficiary/Trustee/POA: _____
Full Legal Name

Relationship: _____ Date of Birth: _____

Address: _____
Number/Street City State Zip Code

Social Security #: _____ Phone: _____ Email _____

(If you wish to designate two or more Joint Beneficiaries, initial here _____ and attach an additional page containing the above information for the additional beneficiary or beneficiaries.)

If my Designated Beneficiary should predecease me, my Alternate Beneficiary shall be:

Alternate Beneficiary/Trustee/POA: _____
Full Legal Name

Relationship: _____ Date of Birth: _____

Address: _____
Number/Street City State Zip Code

Social Security #: _____ Phone: _____ Email _____

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Deceased Date: _____ Regular Member Life Member