
PAINTERS INSURANCE, PENSION & VACATION FUNDS

26877 Northwestern Highway, Suite 100 • Southfield, MI 48033
Phone (248) 358-3340 • Toll Free (800)482-8736 • FAX (248)358-3705
GREGORY J. KAZMIERSKI ~ ADMINISTRATOR

BENEFICIARY DESIGNATION

Regarding any amount that **may be** payable under the above-referenced **Insurance Fund** by reason of my death, I hereby designate the following beneficiary:

_____, is hereby named as the beneficiary of my death benefit if
any. Relationship to Member _____

Social Security Number ____ - ____ - ____ Birth Date _____

Address _____ Phone # _____

I hereby designate the following contingent beneficiary if the above primary beneficiary does not survive me. _____ Relationship _____

Social Security Number ____ - ____ - ____ Birth Date _____

Address _____ Phone # _____

This designation supersedes all prior designations and shall remain effective until superseded by a subsequent designation.

Member's name (please print) Member's signature

Current Phone Number _____

Social Security Number: ____ - ____ - ____

Dated _____

Date received: _____ by: _____

Administrator

