

Funeral Benefit Fund
Nashville Musicians Association - Local No. 257

Member - Full Name (*Please Print*)

Social Security #

PRIMARY BENEFICIARY

Name

Social Security #

Relationship

Phone Number

Mailing Address

I hereby designate the person (s) named on this card as my beneficiary (ies)

Signature

Date

INVALID UNLESS NOTARIZED

This card must be notarized or presented in person to & signed by an employer of Local 257

Employee Signature

Date