

PAINTERS DISTRICT COUNCIL NO. 2  
(Policyholder)  
LIFE INSURANCE POLICY WELFARE FUND

Change of Beneficiary

Under and subject to the terms of the above numbered policy, I hereby annul and revoke any former Designation of Beneficiary made by me, and I now designate my beneficiary or beneficiaries as indicated below. This change is subject to my right to revoke this order or any portion thereof, at any time by written notice.

Insured

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Last Name	First Name	Middle Initial	Social Security No.
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Primary Beneficiary (ies)

If more than one, sharing equally, or to the survivor, unless otherwise provided.

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Name	Date of Birth	Relationship
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Name	Date of Birth	Relationship
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Reason for Change:  Marriage  Divorce  Death  Change of Name

Date event above occurred: \_\_\_\_\_

If primary beneficiary or beneficiaries are not surviving the insured, the contingent beneficiary or beneficiaries listed below will receive the life insurance proceeds.

Contingent Beneficiary (ies)

If any, if more than one, sharing equally, or to the survivor, unless otherwise provided.

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Name	Date of Birth	Relationship
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Name	Date of Birth	Relationship
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Date Completed	Signature of Insured
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