



IBT Local 96

\$3,500 Member & Retiree AD&D Benefit
Beneficiary Card



NAME: FIRST			MIDDLE	LAST	YOUR DATE OF BIRTH
ADDRESS					YOUR HOME PHONE
CITY			STATE	ZIP CODE	CELL PHONE
					BENEFICIARY
					RELATIONSHIP
					<input type="checkbox"/> Yes, I want Child Safe Kits for my family. # of Kits requested: _____

+ ASG6VF0119 +