

# BENEFICIARY CARD

## SOUTH BAY HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES WELFARE FUND

**PLEASE PRINT**

**F22**

Name of Member \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First MI

Address of Member \_\_\_\_\_  
No. and Street City State Zip

NAME Name \_\_\_\_\_  
OF Last First MI  
BENEFICIARY Relationship to Member \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_  
No. and Street City State Zip

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_