

BOILERMAKERS LODGE NO. 154
AUTHORIZATION FOR
DEATH BENEFIT
FUND DEDUCTION
BOARD OF TRUSTEES – PAYROLL SAVINGS FUND

NAME: _____
(First) (Middle Initial) (Last)

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

I wish to **join** the death benefit fund and authorize you to deduct \$10.00 enrollment fee from my payroll savings account, as well as a \$5.00 assessment for each death of a member of the fund.

I **am already a member** of the fund and hereby authorize the deduction of \$5.00 from my payroll savings account for the death of each member of the fund.

MY BENEFICIARY IS:

NAME _____

RELATIONSHIP _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

DATE: _____ **SIGNATURE:** _____