BAC LOCAL UNION 15 WELFARE FUND

3100 Broadway, Suite 805, Kansas City, MO 64111 (816) 777-2668
Toll Free (833) 479-9428

Last Name	First Name in Full	Middle Name in Full

Home Address	City and State	Zip Code

Social Security No.	Date Employee Joined Union	Cell Phone No.	Home Telephone No.

Date of Birth			Marital Status	Sex	Email Address
Month	Day	Year	☐Married ☐Divorced ☐Single ☐Widowed	☐Male ☐Female	

Please be sure to complete and sign the back of this card to designate your beneficiary(ies). Beneficiary designations may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator.

Signature _____ Date _____

WELFARE BENEFICIARY CARD

Complete back of card

WELFARE BENEFICIARIES

Name	Social Security No.	Address	Date of Birth Month	Day	Year