



Musicians' Association of Saint Louis

Local 2-197, American Federation of Musicians

2103 59th Street

Saint Louis, MO 63110-2882

(314) 781-6612 office

(314) 781-6635 fax

www.MASL2197.org

Uniform Beneficiary Designation Form

Insured's Name:	_____
Primary Beneficiary:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____
Contingent Beneficiary:	_____
Address:	_____
Relationship to Insured:	_____
SSN:	_____

Note: Contingent Beneficiary will receive benefits *only* if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attach a separate sheet to reflect this.

Insured's Signature: _____ You must print, sign and send this form in for it to be in effect. This text will not print.

Date Signed: _____

Please print and sign the form when filled out.

Send the form to the MASL offices at the address listed at the top of the form.

You may fax a copy of the form to us - but we also **MUST** have the original with an original signature.

Thank you for joining the MASL!