

**GULF COAST BRICKLAYERS PENSION FUND  
BENEFICIARY DESIGNATION FORM**

Participant Information

Name:  
 SS #:  
 Address:  
 Marital Status: \_\_\_ Married \_\_\_ Single Date of Marriage:

Beneficiary Designation

Your spouse is automatically your beneficiary who will be paid the death benefit, if any, under this Plan when you die. If your spouse is not living or if you have been married for less than one year, your dependent children will be paid the death benefit, if any. **Use Jane S. not Mrs. John Doe.**

Type of Beneficiary	Beneficiary Name(s) and Date(s) of Birth	Address	Social Security Number
Spouse			
Dependent Child			
Dependent Child			
Dependent Child			
Dependent Child			

Participant Signature

Signature

Date