



MASON CONTRACTORS ASSOCIATION OF ST. LOUIS

DEATH BENEFIT INFORMATION CARD

Member: _____

Firm: _____

Address: _____

Date of Birth: _____

In the event of my death, I name the following as my beneficiary for any Death Benefit from the Mason Contractors Association of St. Louis.

Beneficiary (Full Name): _____

Relationship: _____

(Signature)

(Date)