



**INDIANA STATE COUNCIL OF PLASTERERS AND  
CEMENT MASONS HEALTH & WELFARE FUND**

P.O. Box 47489, Indianapolis, IN 46247

Ph: (219) 255-9692 Fax (219) 255-9693

Email: support@plcmfunds.org

**BENEFICIARY DESIGNATION FORM**

Please complete this Beneficiary Designation below and return to the Fund Office.

**BENEFICIARY DESIGNATION**

(Please print in ink.)

**MEMBER INFORMATION**

Member's Name

Social Security Number

Member's Address

City

State

Zip

( )

( )

Member's Email Address

Phone No. (Home)

Phone No. (Mobile)

Member's Birthday

**BENEFICIARY(IES) INFORMATION**

Beneficiary's Name

Relationship

Beneficiary's Address

City

State

Zip

( )

( )

Beneficiary's Email Address

Phone No. (Home)

Phone No. (Mobile)

Beneficiary's Birthday

Beneficiary's Social Security Number

Member's Signature

Date

**BENEFICIARY(IES) INFORMATION**

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Date

**BENEFICIARY(IES) INFORMATION**

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Beneficiary's Address		
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Beneficiary's Birthday	Beneficiary's Social Security Number	
Member's Signature		Date

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Return completed form to:

Indiana State Council of Plasterers and  
Cement Masons Health & Welfare Fund  
P O BOX 47489  
Indianapolis, IN 46247