



# CONTINGENT BENEFICIARY AFFIDAVIT

**International Union of  
Bricklayers & Allied Craftworkers**

**NOTE:** This application is to be used only where all of the named beneficiaries of the deceased member have predeceased the member. One copy of the death certificate of the named beneficiary must be provided to the member's Local Union to be filed with Form DBF 1.

DECEASED MEMBER'S NAME ..... IU # .....

NAMED BENEFICIARY .....

APPLICANT'S NAME .....

RELATIONSHIP TO DECEASED .....

Please answer the following questions regarding the above-named deceased member. If additional space is required for any answer, please attach additional sheets.

1. Does the deceased have a living widow or widower? YES ..... NO .....

Name .....

Address .....

2. If the answer to the above question is NO, does the deceased have a living child(ren)? YES ..... NO .....  
If only-child, initial here \_\_\_\_\_.

Name ..... AGE .....

Address .....

Name ..... AGE .....

Address .....

3. If the answer to the above question is NO, does the deceased have a living parent(s)? YES ..... NO .....

Name .....

Address .....

Name .....

Address .....

4. If the answer to the above question is NO, does the deceased have a living brother(s) or sister(s)? YES ..... NO .....

Name .....

Address .....

Name .....

Address .....

5. Executor or Administrator of the above-named deceased member's estate (if any).

Name .....

Address .....

I hereby swear and attest that all of the above statements are true and complete to the best of my knowledge.

Sworn and subscribed before me  
this ..... day of .....  
.....  
Applicant's Signature

.....  
Notary Public

My Commission expires: .....

Return to I.U. Headquarters