

Dallas-Fort Worth Professional Musicians Association

AFM Local 72-147

Insurance Beneficiary Card

Member's Name (please print) _____

Address _____

SSN _____ Date of Birth ____/____/____

Beneficiary _____

Relationship _____

SSN _____ Date of Birth ____/____/____

Consent of Spouse, *if other than spouse as listed as beneficiary*, is required.

Spouse's Signature _____

Date ____/____/____ Member's Signature _____