

**GMP INSURANCE APPLICATION CARD**

Local Union No. [ ] Clock No. [ ] Social Security Number [ ]  
Name [ ] SEX M [ ] F [ ]  
Address [ ]  
Date of Birth [ ]  
Employer [ ] Plant Location [ ]  
Name of Beneficiary [ ]  
Address [ ]  
Relationship [ ] Date of Birth [ ]  
Date Signed [ ]  
MEMBER'S SIGNATURE [ ]

**IMPORTANT!** This card must be filled out at once. PRINT all information in ink. The completed card should be forwarded to the International Union. All records and changes are kept on file and maintained at the International Union's headquarters.

**CHANGE OF BENEFICIARY CARD**

Local Union # [ ] Name of Member [ ] Clock # [ ] Social Security Number of Member [ ]

The GLASS, MOLDERS, POTTERY, PLASTICS & ALLIED WORKERS INTERNATIONAL UNION is hereby requested to make the following change of beneficiary in the Union's records of our Insurance Policy. This revokes all previous designation made by me.

from [ ]  
to [ ]  
Name in full of new beneficiary [ ]  
Relationship to Member [ ] Beneficiary's address if other than that of member [ ]

Subject to the right of the member to change the beneficiary in accordance with the policy provisions. This change of beneficiary is to take effect only upon receipt hereof at the Headquarters of the International Union.

Dated at [ ] on [ ], 20 [ ]  
Witness [ ] Other than Beneficiary [ ] Signature of Member [ ]  
(Fill in all requested information)

**CHANGE OF NAME CARD**

Local Union No. [ ] (Print or Type) [ ] Social Security Number of Member [ ]  
Clock No. [ ]

The GLASS, MOLDERS, POTTERY, PLASTICS & ALLIED WORKERS is hereby requested to make the following change of name in the Union's records of our insurance policy.

from [ ] (old name of member)  
to [ ] (new name of member)  
[ ] (current address)

This change of name is to take effect only upon receipt hereof at the Headquarters of the International Union.

Dated at [ ] on [ ], 20 [ ]  
[ ] Local Union [ ]  
Witness [ ] Signature of Member [ ]  
(Fill in all requested information)