RIVERVIEW HEALTH CENTRE NURSES
MNU LOCAL 1a
DEATH BENEFIT

I, _____ am a Member of
(Name in full)

the Riverview Health Centre Nurses, Manitoba Nurses' Union Local 1a.

In the event of my death, the Local will pay a benefit of Five Hundred Dollars ($500) to my beneficiary.

I name as my beneficiary:

NAME: _____

ADDRESS: _____

_____

PHONE (Home): _____ (Cell): _____

SIGNATURE OF MEMBER: _____

SIGNATURE OF WITNESS: _____

DATE: _____

Please submit completed form to the Secretary of Local 1a