



Dear ATDA Member,

The 31st General Assembly established a two thousand dollar (\$2,000.00) death benefit payable to the beneficiary of each member in good standing or those members who die after retiring while in good standing as of January 1, 2004, but will not be applied retroactively.”

Please complete the beneficiary designation portion of this letter and return it to the following address:

Bill Sikes, Secretary-Treasurer
 4239 West 150th St. Cleveland,
 Ohio 44135

Fraternally yours,

Bill Sikes
 ATDA Secretary-Treasurer

AMERICAN TRAIN DISPATCHERS ASSOCIATION
 DEATH BENEFIT BENEFICIARY DESIGNATION/CHANGE FORM

Name of Member _____ Signature _____

Social Security Number _____

In the event of my death, I designate as primary Beneficiary and contingent Beneficiary under the ATDA death benefit as approved by the 31st General Assembly

Primary Beneficiary Designation:

Full Name (Last, First, and Middle Initial)	Relationship	Date of Birth	Social Security Number

In the event said beneficiary predeceases me, I designate as contingent beneficiary:

Contingent Beneficiary Designation

Full Name (Last, First, and Middle Initial)	Relationship	Date of Birth	Social Security Number