

# PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 333

## HEALTH AND WELFARE FUND

6525 Centurion Drive • Lansing, Michigan 48917

Phone (517) 321-7502 Toll Free (866) 348-9499 FAX (517) 321-7508

### LIFE INSURANCE BENEFICIARY DESIGNATION FORM

You may use this form to designate who will receive the Group Life Insurance Benefits from the Plumbers and Pipefitters Local 333 Health and Welfare Funds in the event of your death.

The designations you make on this form replace any prior beneficiary designations.

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male Female  
(Month) (Day) (Year)

MARTIAL STATUS: Single Married Widowed Divorced Separated

#### BENEFICIARY DESIGNATION:

For primary beneficiaries, indicate who should receive the group life insurance proceeds in the event of your death.

For secondary, (also known as contingent) beneficiaries, indicate who should receive the group life insurance proceeds in the event that ALL of your primary beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should have. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

Primary beneficiary(ies)	Social Security number	Relationship to employee	Percent share of proceeds*
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1. Name: \_\_\_\_\_ %

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ %

Address: \_\_\_\_\_

Secondary (Contingent) beneficiary(ies)	Social Security number	Relationship to employee	Percent share of proceeds*
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1. Name: \_\_\_\_\_ %

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ %

Address: \_\_\_\_\_

Benefits will be paid in accordance with the Eligibility and Plan Provisions. Please refer to your Summary Plan Description for more information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbers and Pipefitters Local Union No. 333 Pension Fund  
Beneficiary Election Form

Member's Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund.

Note: If you are legally married at the time of your death, Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse.

Beneficiary Designation

Primary Beneficiary \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

In the event your Primary Beneficiary pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary \_\_\_\_\_  
SS# \_\_\_\_\_ Percentage of benefit \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_  
SS# \_\_\_\_\_ Percentage of benefit \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

(Attach additional paper if necessary)

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if received prior to my death. Further, I understand that this designation shall be cancelled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spousal consent of alternate beneficiary designation as noted above:

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Fringe Benefit Fund. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed to and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ My Commission expires \_\_\_\_\_

# Plumbers & Pipefitters National Pension Fund - Beneficiary Designation

**Instructions:** Print using ONLY capital letters and using an ink pen. Read and follow Instructions for Completing the Beneficiary Designation Form to ensure that your form is completed properly.

## Participant Information :

Social Security Number  -  -  (Canada only) Social Insurance Number

First Name  Middle Name  Last Name

Jr., Sr., I, etc.  Birth Date  /  /  Phone # (  )  -

Mailing Address (Street Address or P.O. Box, as applicable)

Mailing Address (Apt. Etc.)

City  State  Zip / Canadian Postal Code

Sex  Male  Female

Local Union#

**PRIMARY BENEFICIARY:** I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. Fill in ALL areas below for each Beneficiary.

<p>First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/></p> <p>Jr., Sr., I, etc. <input type="text"/> Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/> Sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> Relationship: Select one. If 'Other', define the relationship on the line provided. <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="text"/></p> <p>Social Insurance Number <input type="text"/></p> <p>Is the Beneficiary's address the same as the Participant's address? <input type="radio"/> Yes <input type="radio"/> No If 'No', complete the address section below.</p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip/Canadian Postal Code <input type="text"/></p>
<p>First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/></p> <p>Jr., Sr., I, etc. <input type="text"/> Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/> Sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> Relationship: Select one. If 'Other', define the relationship on the line provided. <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="text"/></p> <p>Social Insurance Number <input type="text"/></p> <p>Is the Beneficiary's address the same as the Participant's address? <input type="radio"/> Yes <input type="radio"/> No If 'No', complete the address section below.</p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip/Canadian Postal Code <input type="text"/></p>
<p>First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/></p> <p>Jr., Sr., I, etc. <input type="text"/> Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/> Sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> Relationship: Select one. If 'Other', define the relationship on the line provided. <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="text"/></p> <p>Social Insurance Number <input type="text"/></p> <p>Is the Beneficiary's address the same as the Participant's address? <input type="radio"/> Yes <input type="radio"/> No If 'No', complete the address section below.</p> <p>Address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip/Canadian Postal Code <input type="text"/></p>

Designate Contingent and Successor Beneficiary(ies) on page 2.

**NOTE: Signature required on page 2.**

**Plumbers & Pipefitters National Pension Fund - Beneficiary Designation**

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Bar Code No.

**CONTINGENT and SUCCESSOR BENEFICIARY:** If ALL Primary Beneficiary(ies) do not survive, I designate the following person(s) to be my Contingent Beneficiary(ies) to receive benefits, if any, that become due as a result of my death or that remain payable after the death of all the previously named Primary Beneficiary(ies).

First Name  Middle Name  Last Name   
 Jr., Sr., I, etc.  Birth Date  /  /  Sex  Male  Female  
 Social Security Number  -  -  Relationship: Select one. If 'Other', define the relationship on the line provided.  
 Social Insurance Number   Spouse  Child  Other   
 Is the Beneficiary's address the same as the Participant's address?  Yes  No If 'No', complete the address section below.  
 Address   
 City  State  Zip/Canadian Postal Code

First Name  Middle Name  Last Name   
 Jr., Sr., I, etc.  Birth Date  /  /  Sex  Male  Female  
 Social Security Number  -  -  Relationship: Select one. If 'Other', define the relationship on the line provided.  
 Social Insurance Number   Spouse  Child  Other   
 Is the Beneficiary's address the same as the Participant's address?  Yes  No If 'No', complete the address section below.  
 Address   
 City  State  Zip/Canadian Postal Code

First Name  Middle Name  Last Name   
 Jr., Sr., I, etc.  Birth Date  /  /  Sex  Male  Female  
 Social Security Number  -  -  Relationship: Select one. If 'Other', define the relationship on the line provided.  
 Social Insurance Number   Spouse  Child  Other   
 Is the Beneficiary's address the same as the Participant's address?  Yes  No If 'No', complete the address section below.  
 Address   
 City  State  Zip/Canadian Postal Code

I understand that I may change this Beneficiary Designation at any time by filing a new Beneficiary Designation Form with the Fund Office. However, I also understand that, in accordance with the Retirement Equity Act of 1984, if I am married when I retire, my spouse must give written consent to my designation of beneficiaries.  
**Note:** If you are already retired and Spousal Consent is needed in order to accept your form, the Fund Office will provide you with the additional forms as needed in order to complete your designation.

**NOTE: Complete page 1 first.**

/  /

Signature

Date:

You must sign and date the form in order for your designation to be accepted by the Fund Office.