

# Southern California Pipe Trades Trust Funds

501 Shatto Place, 5<sup>th</sup> Floor  
Los Angeles, CA 90020  
(800) 595-7473 or (213) 385-6161

## Enrollment & Beneficiary Form

NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

### Section A. Member's Information

Name	S.S.#	Local Union #
Address	Phone #	Date of Birth

### Section B. SCPT Health & Welfare Fund (Active Plan) / Pensioners & Surviving Spouses Health Fund - List all dependents eligible for the health plan\*

Dependent	Name	Date of Birth	S.S.#
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<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

\*Lawful Spouse, Domestic Partner and Eligible Children. Each box must be completed in full. Official Marriage Certificate, Registered Certificate of Domestic Partnership & Birth Certificates (with original seal or stamp) required to enroll dependent. "Souvenir" certificates are NOT acceptable.

**Section C. Beneficiary Section – Each Fund requires that you list beneficiary information.**

*Please list at least one Primary Beneficiary for each of the five funds. If you want the same beneficiary(ies) for all of the funds, complete the Health & Welfare Fund section in full and then initial where indicated for each of the other funds. If you initial any section, then any conflicting designation that you write in that section will be disregarded. If you list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.*

**1. SCPT Health & Welfare Fund (Active Plan)**

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

**2. SCPT Vacation & Holiday Fund Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_**

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

**3. SCPT Christmas Bonus Fund Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_**

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

## Section C. Beneficiary Section (continued)

If you are married and any of the PRIMARY BENEFICIARIES named for either of the funds below is someone OTHER THAN YOUR SPOUSE, then federal law requires that Section E must be signed by your spouse and notarized.

### 4. SCPT Retirement Fund Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_

#### Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

#### Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

### 5. SCPT Defined Contribution Fund Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_

#### Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

Name	Relationship	S.S. #	Date of Birth	Address	%

#### Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).

Name	Relationship	S.S. #	Date of Birth	Address	%

## Section D. Member's Signature

I authorize the Trust Funds to execute my directions as set forth above.

X \_\_\_\_\_  
 Signature of Member Social Security Number Date

**THIS FORM MUST BE COMPLETED IN FULL AND IS INVALID WITHOUT THE MEMBER'S SIGNATURE AND INITIALS (and spouse's signature, if required, in Section E)**

## **Section E. Spousal Consent**

**This section must be completed if you are married and any of the primary beneficiaries for the Retirement Fund (#4) or the Defined Contribution Fund (#5) is someone other than your spouse.**

If you are not married, or if you listed your spouse as the only Primary Beneficiary for the Retirement Fund or the Defined Contribution Fund then do not complete this section.

### 1. Spouse's Signature

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I consent to the terms of the beneficiary designations in Section C. of this form.

X \_\_\_\_\_  
Signature of Member's Spouse                      Social Security Number                      Date

### 2. Notarization

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State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
Date                      Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared \_\_\_\_\_,  
Name of Signer

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

X \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above