

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	<input type="text"/>	-	<input type="text"/>	-	Social Insurance Number	<input type="text"/>
(Canada only)						
First Name	Middle Name	Last Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Jr., Sr., I, etc.	Birth Date	Phone # (
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
Mailing Address (Street Address or P.O. Box, as applicable)						
<input type="text"/>						
Mailing Address (Apt, Etc.)						
<input type="text"/>						
City	State	Zip / Canadian Postal Code				
<input type="text"/>	<input type="text"/>	<input type="text"/>				

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.

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Jr., Sr., I, etc.	Birth Date	Sex <input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided.	
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____	
Social Insurance Number	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.
<input type="text"/>	Address _____	
City	State	Zip/Canadian Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Jr., Sr., I, etc.	Birth Date	Sex <input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided.	
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____	
Social Insurance Number	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.
<input type="text"/>	Address _____	
City	State	Zip/Canadian Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Jr., Sr., I, etc.	Birth Date	Sex <input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided.	
<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____	
Social Insurance Number	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.
<input type="text"/>	Address _____	
City	State	Zip/Canadian Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

NOTE: Signature required on page 2.

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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).

Form section 1: First Name, Middle Name, Last Name, Jr., Sr., I, etc., Birth Date, Sex, Social Security Number, Social Insurance Number, Relationship, Address, City, State, Zip/Canadian Postal Code.

Form section 2: First Name, Middle Name, Last Name, Jr., Sr., I, etc., Birth Date, Sex, Social Security Number, Social Insurance Number, Relationship, Address, City, State, Zip/Canadian Postal Code.

Form section 3: First Name, Middle Name, Last Name, Jr., Sr., I, etc., Birth Date, Sex, Social Security Number, Social Insurance Number, Relationship, 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.

Date: [] [] / [] [] / [] [] [] []

Signature

Date:

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