

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

First Name Middle Name Last Name

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

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

Mailing Address (Apt, Etc.) Local Union#

City State Zip / Canadian Postal Code

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

Jr., Sr., I, etc. Birth Date / / Sex Male Female

Social Security Number - - Relationship: Select one. If 'Other', define the relationship on the line provided.
 Spouse Child Other _____

Social Insurance Number

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.
 Spouse Child Other _____

Social Insurance Number

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.
 Spouse Child Other _____

Social Insurance Number

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 _____

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

NOTE: Signature required on page 2.

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 |
| Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> | Relationship: Select one. If 'Other', define the relationship on the line provided. | |
| Social Insurance Number <input type="text"/> | <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____ | |
| 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. | | |
| Address _____ | | |
| City _____ | State _____ | Zip/Canadian Postal Code _____ |

| | | |
|---|--|---|
| First Name | Middle Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 |
| Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> | Relationship: Select one. If 'Other', define the relationship on the line provided. | |
| Social Insurance Number <input type="text"/> | <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____ | |
| 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. | | |
| Address _____ | | |
| City _____ | State _____ | Zip/Canadian Postal Code _____ |

| | | |
|---|--|---|
| First Name | Middle Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 |
| Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/> | Relationship: Select one. If 'Other', define the relationship on the line provided. | |
| Social Insurance Number <input type="text"/> | <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other _____ | |
| 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. | | |
| 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.

Signature / /
Date:

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

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY DESIGNATION FORM

Please read all of the instructions below to ensure proper completion of your Beneficiary Designation Form. The Fund Office uses imaging and automated data extraction to record your Beneficiary information. If the form is not completed properly, you will be required to complete a new form.

When filling out the form, please be sure to print the information in capital letters using a **black** ink pen, making sure to keep each letter or number within the borders of each block. If you use anything other than a **black** ink pen, the form may not be read by the computer and may be rejected. You will be required to correctly fill out and sign a new form. The Beneficiary Designation Form must be filed directly with the Fund Office.

For Example:

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J | K | L | M |
| N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

| |
|---------------------------|
| Shade Circles Like This ● |
| Not Like This ⊗ ∅ |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
|---|---|---|---|---|---|---|---|---|---|

DO NOT use a pencil to fill out or sign the form. If you do use a pencil, the form will be rejected as invalid, and you will be required to correctly fill out and sign a new form.

DO NOT alter the form in any way. This includes cutting, crossing out unused sections, highlighting, taping over any section, etc. If the form is altered, it cannot be imaged properly. You will be required to correctly fill out a new form.

YOUR ADDRESS is your mailing address.

YOUR SIGNATURE is required on page 2. If your form is not signed, it will be rejected as invalid, and you will be required to correctly fill out and sign a new form.

No other form of designation may be used. The Plan requires that the designation of a beneficiary must be a person or persons. However, it may also be your estate or a Trust. If you designate a Trust, please provide a copy of the document that contains contact information so it is available to the Fund Office at the time of your death.

Beneficiary designations may be updated at any time by filing a new Beneficiary Designation Form with the Fund Office.

In accordance with the Retirement Equity Act of 1984, if you are married when you retire, your spouse must give written consent to your designation of beneficiaries made for the optional form of payment you elect at that time. Your spouse must also give written consent to any change in that designation made thereafter. If this applies to your situation, please ask the Fund Office for the Change in Beneficiary Designation Form.

Plumbers & Pipefitters National Pension Fund Mailing Address:

Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, VA 22314-2047

Questions – 1-800-638-7442