

Plumbers' Retirement Savings Fund, Local 130, U.A.

BENEFICIARY DESIGNATION

Account Number **SF 51837 - 1 - 1 - 1**

Participant's Name _____
first middle last

Participant's Address _____
street
_____ city state zip

Social Security No. _____ Marital Status: Married Single or Legally Separated

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: _____

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

If applicable, Spouse's Date of Birth: _____
mm/dd/yyyy

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature

_____/_____/_____
Date

Notary Public Signature Date

_____/_____/_____
Date Commission Expires

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

Participant _____

Date ____/____/____

General Provisions

Upon the death of the Participant, the death benefit shall be paid to the Primary Beneficiary(ies), if living when the Participant dies. If no Primary Beneficiary is living when the Participant dies, the death benefit shall be paid to the Secondary Beneficiary(ies), if living when the Participant dies.

If no beneficiary is properly designated by a married participant, the death benefit shall be paid to the spouse.

Sample wording for use in completing this form:

To Designate

Use This Wording

- | | |
|---|--|
| 1. Your estate | Executors or Administrators of my estate |
| 2. The trustee of the Trust established under your Will | (Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will) |
| 3. The trustee of your Revocable or Irrevocable Trust | (Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust) |

RETURN TO:
Plumbers' Pension Fund
Attn: Denise Delhaye
1340 W. Washington Blvd.
Chicago, Illinois 60607