PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33
DEATH BENEFIT
DESIGNATION OF BENEFICIARY

Last Name of Participant	First Name		Middle Initial
Street or P.O. Box	City	State	Zip Code
Birth Date	Social Security Number		
Home Phone	Work Phone		Local Union No.

Name and Address of Present Employer

I hereby designate the following person or persons as primary and secondary beneficiaries of my benefits payable by reason of my death:

Primary Beneficiary [include address, relationship, social security number and birthdate]:

Secondary Beneficiary [include address, relationship, social security number and birthdate]:

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF BENEFICIARIES.

The Fund Administrator shall pay all sums payable under the Health Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary.

Date of this Designation	Signature of Participant

This Designation of Beneficiary form will be kept by the Fund Office Administrator, 2501 Bell Avenue, Des Moines, Iowa 50321.