

Plumbers & Pipefitters National Pension Fund - Beneficiary Designation

1217646423

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).

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 <input type="text"/>	
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 <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip/Canadian Postal Code <input type="text"/>

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 <input type="text"/>	
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 <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip/Canadian Postal Code <input type="text"/>

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 <input type="text"/>	
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 <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip/Canadian Postal Code <input type="text"/>

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.