

**PLUMBERS AND PIPEFITTERS LOCAL #333
PENSION PLAN**

PARTICIPANT BENEFICIARY FORM

(Please Print)

Participant Name: _____

Address: _____

SSN: _____

Date of Birth: _____

Marital Status: Married Single

Divorced Widowed

Spouse's Name: _____

SSN: _____

BENEFICIARY DESIGNATION

If you are legally married for more than one year at the time of your death the Pension Plan requires that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. Your spouse may waive that right and allow you designate a beneficiary other than your spouse.

Primary Beneficiary: _____

SSN: _____

Address: _____

Date of Birth: _____

Relationship: _____

CONTINGENT BENEFICIARY

In the event that your Primary Beneficiary pre-deceases you the following beneficiary(ies) will be paid based on the percentages you indicate. Attach additional sheets if necessary.

Beneficiary: _____

SSN: _____

Address: _____

Date of Birth: _____

Relationship: _____

Beneficiary: _____

SSN: _____

Address: _____

Date of Birth: _____

Relationship: _____

I understand that this beneficiary designation cancels and previous designations I may have made and will be effective when received in the Fund Office and only if received prior to my death. Further, I understand that this designation shall be cancelled in the event of a divorce or marriage.

Participant Signature

Date

SPOUSAL CONSENT

I acknowledge that I have been informed that my spouse wishes to reject the Surviving spouse benefit and instead designate someone other than me as the beneficiary(ies) under the Plan. I hereby consent to the designation of someone other than me as the beneficiary(ies). I acknowledge and understand that my spouse cannot waive my right unless I consent by signing this form in the presence of a Notary Public.

Spouse's Signature

Date

On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant's spouse set forth above.

Signature of Notary Public

Date