

**The
Steamfitters' Industry
Fund Office**

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**The Metal Trades Branch Local 638 Trust Funds
DESIGNATION OF BENEFICIARY**

All Trust Funds **Pension Fund**

Welfare Fund **Supplemental Retirement Fund**

1. If you wish to name the same Primary and Contingent beneficiaries for all Funds, check the "All Trust Funds" box (above) and complete the sections below.
2. If you wish to name different beneficiaries for each Fund, check the appropriate Fund box (above) and use multiple forms.
3. The designations on this form supersede any previously designated beneficiaries.

Participant Identification

Name (Last, First, Middle)	Date of Birth	Book Number
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Marital Status (Check One) **Single** **Married** **Divorced** **Widowed**

Primary Beneficiary Designation(s) REQUIRED

<u>Full Name</u>	<u>Birth Date</u>	<u>Address, City, State and Zip Code</u>	<u>Phone</u>	<u>Relationship</u>	<u>Percent</u>
					%
					%
					%
					%

Contingent Beneficiary Designation(s)

OPTIONAL – Will be used ONLY if all primary beneficiaries predecease you.

<u>Full Name</u>	<u>Birth Date</u>	<u>Address, City, State and Zip Code</u>	<u>Phone</u>	<u>Relationship</u>	<u>Percent</u>
					%
					%
					%
					%



Participant Signature [Without a signature this document is void]

Date

Please Note:

For the Pension Fund and Supplemental Retirement Fund ONLY - If you are married but are not designating your spouse as beneficiary for 100%, you must complete the "Waiver of Pre-Retirement Spouse Benefit" on page 2.

ELECTION TO WAIVE PRE-RETIREMENT 100% SURVIVING SPOUSE BENEFIT

Complete ONLY if you are married and you have designated someone *other than* your spouse as your beneficiary to receive any pre-retirement death benefits payable under the Pension Fund. Your spouse's notarized consent to such designation must be furnished in the section under Spouse's Statement.

EMPLOYEE'S STATEMENT

, being duly sworn, deposes and says:

Print Participant Name

I hereby elect to designate someone other than my spouse to receive all or part of my death benefit payable under the Plan upon my death. I understand that this election will not be effective without written, notarized consent of my spouse, and that I can revoke this designation at any time before my death.

✓ (check one)

- I am unable to locate my spouse - I understand that further proof will be required.
- The person co-signing this document below is my current and legal spouse.

Participant's Signature

State of _____

Sworn before me this _____ day of _____ 20____

County of _____

Notary Public

SPOUSE'S STATEMENT

, being duly sworn, deposes and says:

Print Spouse Name

I am the legal spouse of the employee named above. I hereby consent to my spouse's designation of a non-spouse beneficiary to receive benefits payable under the Plan upon my spouse's death. I understand that as a result, I may not be paid a benefit from the Pension Fund if my spouse dies before starting to receive a pension. I further recognize that if my spouse and I cannot agree on the beneficiary(ies), my spouse's Beneficiary Designation is invalid, and the Plan will be obligated to pay any pension benefits due as a 100% Surviving Spouse benefit.

Spouse's Signature

State of _____

Sworn before me this _____ day of _____ 20____

County of _____

Notary Public