

Steamfitters' Industry Local 638 Trust Funds DESIGNATION OF BENEFICIARY

- All Trust Funds** **Pension Fund** **Supplemental Retirement Fund**
 Welfare Fund **Vacation Plan** **Security Benefit 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.
4. For the Pension & Supplemental Retirement Fund only - If you are married, but not designating your spouse as beneficiary, you must complete the Waiver of Pre-Retirement Spouse Benefit on page 2.

Participant Identification

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

Primary Beneficiary Designation(s)

Full Name	Birth Date	Address, City, State and Zip Code	Phone	Relationship	Percent
					%
					%
					%
					%
					%
					%

Contingent Beneficiary Designation(s) **OPTIONAL - Will be used ONLY if all primary beneficiaries predecease you.**

Full Name	Birth Date	Address, City, State and Zip Code	Phone	Relationship	Percent
					%
					%

Participant Signature	Date
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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)	
<input type="checkbox"/> I am unable to locate my spouse - I understand that further proof will be required.	
<input type="checkbox"/> The person co-signing this document below is my current and legal spouse.	
_____ Participant's Signature	State of _____
	County of _____
Sworn before me this _____ day of _____ 20__	_____ 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 _____
	County of _____
Sworn before me this _____ day of _____ 20__	_____ Notary Public