



SUPPLEMENTAL RETIREMENT PLAN

Designation of Beneficiary

If you are married and designate anyone other than your spouse as beneficiary under the Steamfitters' Industry Supplemental Retirement Plan, (the "Plan"), the Waiver on the reverse side must be completed by you and your spouse. Your beneficiary can be changed at any time subject to the need for spousal consent. If you have any questions regarding the completion of this form, please call the Fund Office.

Instructions:

◆ **IF YOU ARE MARRIED** and you name your spouse as beneficiary, only complete the area below and have it witnessed by someone other than your spouse.

◆ **IF YOU ARE MARRIED** and you name a person *other than your spouse* as beneficiary in the space below, you must complete the "Employee's Statement" on the reverse side. Your spouse must also complete the "Spouse's Statement." Your spouse must agree to the beneficiary you name. If you and your spouse do not agree on a beneficiary, the Beneficiary Designation is invalid and in the event of your death the Fund will pay your account balance to your spouse.

◆ **IF YOU ARE NOT MARRIED**, you may name anyone as your beneficiary. Complete the area below and have it witnessed by someone other than your beneficiary.

PARTICIPANT _____
Name *SS# (First 5 digits only)
or Book Number*

CURRENT MARITAL STATUS (✓ one)
 Married Single Widowed Divorced

BENEFICIARY _____
First Name *Middle Initial* *Last Name*

BENEFICIARY'S SS#: _____

BENEFICIARY'S DATE OF BIRTH: _____ BENEFICIARY'S PHONE #: _____

RELATIONSHIP TO PARTICIPANT (IF ANY): _____

BENEFICIARY'S ADDRESS _____
Street

City & State *Zip Code*

➔ _____
Participant's signature *Date*

➔ _____
Witness (Someone other than Beneficiary) *Date*

ELECTION TO WAIVE PRE-RETIREMENT 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 your name)

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

✓ (check one)

- I am unable to locate my spouse
- The person co-signing this document below is my current and legal spouse.

I understand that further proof may have to be furnished by me.

Book Number or SS# (First 5 digits only)

X _____
Participant's Signature

State of _____

County of _____

Sworn before me this _____ day of _____,

Notary Public

SPOUSE'S STATEMENT

_____, being duly sworn, deposes and says:
(Spouse's 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 amount payable upon my spouse's death to me as his/her spouse.

Spouse's Social Security Number

X _____
Spouse's Signature

State of _____

County of _____

Sworn before me this _____ day of _____,

Notary Public