

# Plumbers and Pipefitters Local No. 396 Pension Fund

33 Fitch Boulevard  
Austintown, Ohio 44515



Phone: (330) 270-0453  
1-800-733-7709

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union retirement fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office. It is very important for you to keep your beneficiary form current, especially if your spouse dies, if you get divorced, if you get married, or if you remarry.

PLEASE PRINT:

NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MALE \_\_\_\_ FEMALE \_\_\_\_ MARRIED \_\_\_\_ SINGLE \_\_\_\_

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant must complete the Spousal Consent and Acknowledgement on the reverse side of this form. If you return this Beneficiary Form and elect a Primary Beneficiary other than your spouse without completing the Spousal Consent and Acknowledgment Form, the form will automatically be sent to you for completion by your spouse.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local retirement fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Additional Contingent Beneficiaries may be listed on the reverse side)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date