

Plumbers & Pipefitters National Pension Fund - Beneficiary Designation

Instructions: Print using **ONLY** capital letters and using an ink pen. Read and follow Instructions for Completing the Beneficiary Designation Form to ensure that your form is completed properly.

Participant Information :

Social Security Number - -
(Canada only)
Social Insurance Number

First Name
Middle Name
Last Name

Jr., Sr., I, etc.
Birth Date / /
Phone # () -

Address Line 1 (Street Address)

Address Line 2 (Apt, Etc.)

City
State
Local Union#
Sex Male Female

Zip / Canadian Postal Code

PRIMARY BENEFICIARY: I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. Fill in **ALL** areas below for each Beneficiary.

First Name
Middle Name
Last Name

Jr., Sr., I, etc.
Birth Date / /
Sex Male Female

Social Security Number - -
Relationship: Select one. If 'Other', define the relationship on the line provided.
 Spouse Child Other _____

Social Insurance Number

Is the Beneficiary's address the same as the Participant's address? Yes No If 'No', complete the address section below.

Address _____
City _____ **State** _____ **Zip/Canadian Postal Code** _____

First Name
Middle Name
Last Name

Jr., Sr., I, etc.
Birth Date / /
Sex Male Female

Social Security Number - -
Relationship: Select one. If 'Other', define the relationship on the line provided.
 Spouse Child Other _____

Social Insurance Number

Is the Beneficiary's address the same as the Participant's address? Yes No If 'No', complete the address section below.

Address _____
City _____ **State** _____ **Zip/Canadian Postal Code** _____

First Name
Middle Name
Last Name

Jr., Sr., I, etc.
Birth Date / /
Sex Male Female

Social Security Number - -
Relationship: Select one. If 'Other', define the relationship on the line provided.
 Spouse Child Other _____

Social Insurance Number

Is the Beneficiary's address the same as the Participant's address? Yes No If 'No', complete the address section below.

Address _____
City _____ **State** _____ **Zip/Canadian Postal Code** _____

Designate Contingent and Successor Beneficiary(ies) on page 2.

NOTE: Signature required on page 2.

