

UNION TRUSTEES  
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*Pipe Fitters' Local 597*  
**WELFARE & RETIREMENT FUNDS**  
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EMPLOYER TRUSTEES  
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**BENEFICIARY DESIGNATION FOR DEATH BENEFITS**  
**Pipe Fitters Welfare Fund, Local 597**

Participant I.D. Number: \_\_\_\_\_ Participant Social Security #: \_\_\_\_\_

Print Participant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: This beneficiary designation applies ONLY to your Death Benefit under Pipe Fitters Welfare Fund, Local 597**

**Single Primary Beneficiary:** I would like the following individual to receive my **entire** Pipe Fitters Welfare Fund, Local 597 Welfare Fund Death Benefit.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

- or -

**Multiple Primary Beneficiaries or Contingent Beneficiary(ies):** I would like the following person(s) to receive my Death Benefits (if division is other than equal shares, write in percentages):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Important Note for Married Employees:** If you live in a community property state, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NM, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **PIPE FITTERS LOCAL 597 WELFARE FUND WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

**Spousal Consent for Community Property States:** I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Primary Beneficiary:** The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. **If you specify benefit percentages, the total must equal 100%.** If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

**Contingent Beneficiary:** The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. **If you specify benefit percentages, the total must equal 100%.**

**No Beneficiary:** If you do not name a beneficiary, or if no beneficiary survives you, we will pay death benefits in the order of survivorship shown in the Summary Plan Description.