

# *Pipe Fitters' Individual Account and 401(k) Plan, Local 597*

## **BENEFICIARY DESIGNATION**

Account Number **51069-1-1**

Participant's Name \_\_\_\_\_  
first middle last

Participant's Address \_\_\_\_\_  
street  
 \_\_\_\_\_  
city state zip

Participant's I.D. Number \_\_\_\_\_ Marital Status:  Married  Single or Legally Separated

**IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.**

**This designation supersedes any prior designation.**

**Primary Beneficiary: (Check either box 1 or 2)**

1.  **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: \_\_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

2.  **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent

(must total 100%)

**If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.**

**SPOUSAL CONSENT:** I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

\_\_\_\_\_  
 Spouse's Signature Date     /    /    

Witnessed: State \_\_\_\_\_ County \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identification which was/were \_\_\_\_\_, to be the person whose name is signed on the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public Signature Date \_\_\_\_\_ Date Commission Expires     /    /

**Contingent Beneficiary (optional):** If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

**SIGNATURES**

I understand that this beneficiary designation supersedes any previous designation.

\_\_\_\_\_  
Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I, the plan administrator, certify, to the best of my knowledge, the above information is correct. If a married participant designated a Non-Spouse Primary Beneficiary, and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

\_\_\_\_\_  
Plan Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please return the completed form to the Pipe Fitters' Local 597 Fund's Office at:

Pipe Fitters Local 597  
Individual Account and 401(k) Plan  
45 North Ogden Avenue  
Chicago, Illinois 60607