

Pipe Fitters Association Local 597, U.A. 401(k) Plan  
45 N. Ogden Avenue, Chicago, IL 60607  
Phone: 312-633-0597 ♦ Fax: 312-829-9796 ♦ [www.pf597.org](http://www.pf597.org)

## ENROLLMENT FORM

Contract Number 51069

Member's Name	_____			
	First	Middle Initial	Last	
Address	_____			
	Street	City	State	Zip Code
Phone Number	_____			
E-Mail Address	_____			
Social Security #	_____			Birth Date:
	_____			
Marital Status	_____			
	<input type="checkbox"/> Married	<input type="checkbox"/> Single or Legally Separated		
Sex (optional)	_____			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

### Investment Selection

You can only make or change your investment selections by calling FLASHsm toll-free at 800-743-5274. FLASH is available 24 hours a day, 7 days a week. It is also available on the Internet with FLASHsm on the Internet, where you can access and manage your account from any computer connected to the Internet, (home, library, etc.) at [www.massmutual.com/retire](http://www.massmutual.com/retire). You will receive more information on FLASHsm, including your personal ID number (PIN), via regular mail after you enroll. NOTE: Until you use FLASHsm or FLASHsm on the Internet to change your investment choices, your contributions will be invested in the Guaranteed Interest Account.

### Deferral Contributions

This enrollment form establishes your account with MassMutual and authorizes the release of a private PIN number that is used to access MassMutual's FLASHsm and FLASHsm on the Internet services. This form does not authorize any deductions from your paychecks. Separate coupons will be provided for you to present to your employer(s) to establish your deferral elections. No deferral contributions on your behalf will occur until you have instructed your employer to defer a percentage of your salary.

Deferral contributions will be accumulated each month and submitted by your employer to MassMutual by the 15<sup>th</sup> of the following month.

### Submitting Enrollment Forms

These enrollment forms may be submitted anytime by mail to:

MassMutual  
Defined Contribution Services N405  
1295 State Street  
Springfield, MA 01111-0001

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## BENEFICIARY DESIGNATION

### *For Single or Legally Separated Participants:*

**Primary Beneficiary:** I would like the following individual(s) to receive my entire account balance at my death.

Name  
Address

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**Secondary Beneficiary (optional):** If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages).

Name Address	Relationship	Percent

NOTE: This beneficiary designation applies ONLY to your retirement accounts.

**SIGNATURES**

Participant	Date

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**For Married Participants:**

Unless your spouse so authorizes and signs this form in the presence of a notary public, your spouse is required to be the primary beneficiary of 100% of your 401(k) benefits. Secondary beneficiaries may be named after your spouse without any restrictions.

**Spouse Primary Beneficiary:** I would like my spouse to receive my entire balance at my death.

Name Address

**Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages).

Name Address	Relationship	Percent

If you are married and you have NOT elected your spouse as primary beneficiary, please have your spouse provide consent below.

**SPOUSAL CONSENT:** I understand that 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 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
Notary Public’s Signature	Date Commission Expires

**Secondary Beneficiary (optional):** If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages).

NOTE: This beneficiary designation applies ONLY to your retirement accounts.

Name Address	Relationship	Percent

**SIGNATURES**

Participant	Date