

Pipe Fitters' Local 597

WELFARE & RETIREMENT FUNDS

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**BENEFICIARY DESIGNATION FOR DEATH BENEFITS**  
**Pipe Fitters Welfare Fund, Local 597**

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

- OR -

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

Name Address	Relationship	Percent
Name Address	Relationship	Percent
Name Address	Relationship	Percent
Name Address	Relationship	Percent
Name Address	Relationship	Percent

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

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

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If you select a Single Beneficiary to receive all your Welfare Fund Death Benefits, you may also list individual(s) under "Multiple Beneficiaries" who would receive your Death Benefits in the event the Single Beneficiary predeceases you.