

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
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Employer Trustees
Frederick S. Oyer
John D. Curran
Victor Giometti
Stephen L. Lamb

PARTICIPANT INFORMATION CHANGE

Member's Name

First Middle Initial Last

Social Security Number Local 597 Union Card Number

New Address

Street City State Zip Code

Phone Number Email Address

Member's Name
From

First Middle Initial Last

To

First Middle Initial Last

Marital Status Change - Changed to Married Single or Legally Separated

BENEFICIARY DESIGNATION CHANGE (This designation supersedes any prior designation)

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

Spouse's Name Spouse's Social Security #

/ /

Spouse's Date of Birth:

Non-Spouse or Multiple Primary Beneficiaries: 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	Relationship	Percent
Address		
Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		

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. 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.

_____/_____/_____
Spouse's Signature Date

_____/_____/_____
Notary Public's Signature Date Commission Expires

PARTICIPANT SIGNATURE: I, the participant, certify that the above information is correct.

_____/_____/_____
Participant Signature Date