

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
James Buchanan
Thomas J. Kotel
John E. Kuszynski
Gregory J. Watson

Peter A. Driscoll, Administrator
45 N. Ogden Avenue Chicago, IL 60607
Phone: 312-633-0597 ♦ Fax: 312-829-7787
www.pf597.org

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 # _____ Local 597 Union Card # _____

New Address _____
Street City State Zip Code

Phone Number _____ E-Mail 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 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. 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 _____
/ /