

PIPEFITTERS WELFARE FUND, LOCAL 597
DEATH BENEFIT BENEFICIARY FORM

Phone (312) 633-0597 - Fax (312) 829-7787

www.pf597.org

Participant I.D. Number: _____ Participant Social Security #: _____

Print Participant Name: _____

Telephone Number: _____ Email Address (optional): _____

Participant Signature: _____ Date: ____ / ____ / ____

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

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

Name: _____ **Relationship:** _____

Address: _____

City/State/Zip: _____ **Phone Number:** _____

- or -

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

Name: _____ **Relationship:** _____ **Percentage:** _____

Address: _____

City/State/Zip: _____ **Phone Number:** _____

Name: _____ **Relationship:** _____

Address: _____ **Percentage:** _____

City/State/Zip: _____ **Phone Number:** _____

Name: _____ **Relationship:** _____

Address: _____ **Percentage:** _____

City/State/Zip: _____ **Phone Number:** _____

Important Note for Married Employees: If you live in a community property state, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NM, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **PIPE FITTERS LOCAL 597 WELFARE FUND WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

Spousal Consent for Community Property States: I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _____ Date ____ / ____ / ____

Primary Beneficiary: The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. *If you specify benefit percentages, the total must equal 100%.* If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

Contingent Beneficiary: The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. *If you specify benefit percentages, the total must equal 100%.*

No Beneficiary: If you do not name a beneficiary, or if no beneficiary survives you, we will pay death benefits in the order of survivorship shown in the Summary Plan Description.