

Beneficiary Designation Form

Plumbers and Steamfitters Local 137 – 353 Annuity Fund

**Please complete this form and return to the Fund Office at P. O. BOX 68994, Indianapolis, IN 46278
Phone (800) 398-0925**

SECTION A: PARTICIPANT'S NAME AND ADDRESS

Social Security No.	Birth Date Mo Day Yr	Marital Status Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
First Name	Middle Name	Last Name		
Street or R.R.		City	State	Zip
Email Address		Phone No. (Home)	Phone No. (Mobile)	

SECTION B: BENEFICIARY DESIGNATION

If you have more than one primary beneficiary, your vested account balance will be divided as you specify below. Should a beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving primary beneficiaries. Contingent beneficiaries receive benefits only if there is no surviving primary beneficiary. Should a contingent beneficiary predecease you, their share of the assets will be reallocated proportionately to other surviving contingent beneficiaries. If no beneficiary (or beneficiaries) survive(s) you, then your account balance will be distributed in accordance with the terms of the Plan.

Full Name	Social Security No.	Date of Birth	Relationship	%	
Primary Beneficiary(ies)	_____	_____	_____	_____ %	> Must total 100%
	_____	_____	_____	_____ %	
Contingent Beneficiary(ies)	_____	_____	_____	_____ %	> Must total 100%
	_____	_____	_____	_____ %	

If you are now married and the above primary beneficiary is someone other than your spouse, the following approval must be signed by your spouse and be notarized. If your marital status changes, you should file a new beneficiary form.

Please be advised that the Plan's terms may limit the effectiveness of this beneficiary designation. In the event of a conflict between this beneficiary designation form and the Plan's terms, the Plan's terms will control and will be binding.

I consent to the beneficiary designation(s) above: _____
Signature of participant's spouse Date

Witness by Notary:

STATE OF _____ (_____)
 COUNTY OF _____ (ss. _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.

(SEAL)

Notary Public: _____
 My commission expires: _____

Participant Signature _____ **Date** _____

For further assistance, please contact the Fund Office