



PLUMBERS' WELFARE FUND, LOCAL 130, U.A.
BENEFICIARY DESIGNATION FORM
(DEATH BENEFIT)

Participant Information – Please print.

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ Date of Birth _____

Primary Beneficiary(ies) - If more than one beneficiary, indicate percentage to each.

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Alternate Beneficiary - If none of the Primary Beneficiary(ies) survive me, pay death benefit under the Plan to the following Alternate Beneficiary(ies):

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____%

Address _____ Phone _____

Participant Signature - If no designated beneficiary survives me, my death benefit shall be paid as provided in the Plan. I reserve the power to change, modify or revoke this designation in writing at any time before my death.

Participant Signature: _____ **Date:** _____

*** Room for additional beneficiaries on the reverse side -

Primary Beneficiary(ies) - If more than one beneficiary, indicate percentage to each.

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Alternate Beneficiary - If none of the Primary Beneficiary(ies) survive me, pay death benefit under the Plan to the following Alternate Beneficiary(ies):

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____

Name _____ Relationship: _____ Percent _____ %

Address _____ Phone _____