

PLUMBERS PENSION FUND LOCAL 130, U.A.
1340 W. WASHINGTON BLVD. 3RD FLOOR CHICAGO, IL 60607

BENEFICIARY DESIGNATION FORM

Check ALL Local(s) that apply:

LU130 **LU93** **LU501** **LU514** **LU319** **LU422**

If you are Not married, the Plan provides a 60 month guarantee for Pre-Retirement and Post Retirement death benefit.

Participant Information – Please print.

Name _____ Date of Birth _____

Address _____

Social Security # Last 4: _____

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

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

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

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Participant Signature - I reserve the power to change, modify or revoke this designation in writing at any time before my death.

Participant Signature: _____ Date: _____

See Reverse Side

ADDITIONAL BENEFICIARIES – Circle either P / Primary or A / Alternate:

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**