

Alaska Plumbing and Pipefitting Industry Pension Fund U.A. Locals No. 375 and 367 Supplemental Pension Trust

BENEFICIARY FORM

Mark all that apply: ☐ Pension Plan ☐ Supplemental Pension Plan

PARTICIPANT INFORMATION:

Participant's Name:* _____ SSN:* _____

Date of Birth:* _____ Marital Status:* ☐ Married ☐ Single ☐ Divorced

Address*: _____
City State Zip Code

Phone #*: _____ Email*: _____

Local Union No.: _____ Present Employer: _____

Employment Date: _____

*** Required.**

PRIMARY BENEFICIARY INFORMATION:

Name of Beneficiary: _____ Relationship: _____

SSN: _____ Date of Birth: _____

Address*: _____
City State Zip Code

Phone #*: _____ Email*: _____

CONTINGENT BENEFICIARY INFORMATION:

Name of Beneficiary: _____ Relationship: _____

SSN: _____ Date of Birth: _____

Address*: _____
City State Zip Code

Phone #*: _____ Email*: _____

Please use an additional page in addition to this form if you have additional beneficiaries. Be sure to include all information as requested above.

IMPORTANT: Federal Law requires a married participant to name his or her spouse as the sole beneficiary of pension plan benefits unless the spouse consents in writing (next section) to another primary beneficiary designation. For a married Participant, federal law (ERISA) requires that the Plan's normal form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime pension, and after your death, a lifetime pension for your surviving spouse equal to one-half of the monthly pension paid to you if your spouse survives you. If you have named a person other than your spouse as your

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beneficiary, your spouse must complete the spousal consent (next section). Your spouse's signature must be witnessed by a Notary Public.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SPOUSAL CONSENT FORM

The following must be completed by your spouse if a person other than your spouse is the named beneficiary.

I, _____, swear that I am the legal spouse of the above Plan participant. I hereby consent to my spouse naming the beneficiary listed on the reverse side of this form to receive my spouse's survivor's benefit. If my spouse dies before retirement and before my spouse qualifies for early retirement, I understand by this consent that I cannot unilaterally revoke this designation and that I will not be paid a survivor's benefit.

Spouse's Signature: _____ Date: _____
(Signature must be witnessed by a Notary Public or a Plan Representative)

TO BE COMPLETED BY A NOTARY PUBLIC

State of _____, County of _____ On _____

before me, a Notary Public of said State, duly commissioned and sworn, personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence of _____) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

Notary Public in and for the said State

Commission Expiration Date