



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION
3109 N. 24th Street, Suite 105 ♦ Phoenix, Arizona 85016
Office: 602.956.1950 ♦ Toll-Free: 877.429.7473 ♦ Fax: 602.956.3016
www.azpipe.org

BENEFICIARY DESIGNATION FORM

Part 1 Participant Information

PARTICIPANT	Name (First, Middle, Last)		Date of Birth	Social Security Number
ADDRESS	Street	City	State	ZIP Code
PHONE NUMBER		EMAIL		

Part 2 Beneficiary Designation

Please list at least one Primary Beneficiary for each of the funds. If you designate a minor as a beneficiary, benefits may not be payable until the court appointment of a guardian or conservator. If you designate more than one Primary Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two beneficiaries, you may state that one will receive 75% and the other 25%. Benefits will be paid to the person(s) you list as a Secondary Beneficiary only in the event your designated Primary Beneficiary(ies) is deceased. If you fail to designate a beneficiary or if all of your designated beneficiaries are deceased, the benefits will be paid in the following order: (1) Your surviving spouse; (2) Your surviving children, in equal shares; (3) Your surviving parents, in equal shares; (4) Your surviving brothers and sisters, in equal shares; (5) Your estate. You should update your designation if your beneficiary dies, you divorce or get married, or you experience other changes. If you designate your spouse as beneficiary and then divorce, that designation will be null and void. Your benefit will be paid as if there were no beneficiary designated. To change your designation, you must do so through the Fund Administrator. Changes to your beneficiary designation for benefits paid by Local 469 do not serve to change your designation of beneficiaries for benefits paid by the Funds.

Arizona Pipe Trades Health & Welfare Fund

PRIMARY	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Complete Address	Email Address	%

SECONDARY							

Arizona Pipe Trades Pension Fund

Initial here to select the Health & Welfare Designation

PRIMARY	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Complete Address	Email Address	%

SECONDARY							



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Part 2 **Beneficiary Designation (Continued)**

Arizona Pipe Trades Defined Contribution Fund Initial here to select the Health & Welfare Designation _____						
PRIMARY	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Complete Address	Email Address
SECONDARY						

Part 3 **Spousal Consent & Notarization**

If you are married and your spouse is NOT the only Primary Beneficiary for the Pension and Defined Contribution Funds above, you must complete the spousal consent, including notarization, for your beneficiaries to be effective. Not completing a required notarization will default your Primary Beneficiary to your spouse ONLY for the Pension and Defined Contribution Funds.

If this does not apply, please skip to Part 4.

I consent to the terms of the beneficiary designations in this form. I acknowledge that the effect of this consent is to disclaim any right, title, or interest I might otherwise have under the law to any sum becoming payable to a beneficiary under the Arizona Pipe Trades Funds by reason of my spouse's death.

SPOUSE SIGNATURE

Required

X

PRINT NAME

DATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____
_____) ss.

COUNTY OF _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, by
_____._____

My Commission Expires:

Notary Public

Part 4 **Participant's Authorization**

Subject to the terms of the trust agreements and related plan documents for the Arizona Pipe Trades Health and Welfare Trust Fund, Arizona Pipe Trades Pension Trust Fund, and Arizona Pipe Trades Defined Contribution Pension Trust Fund, I request that any sum becoming payable to a beneficiary under these Funds by reason of my death be payable to the beneficiaries designated in this form. It is my understanding and desire that this designation shall operate so as to revoke any and all designations of beneficiaries previously made by me with respect to these Funds.

PARTICIPANT SIGNATURE

Required

X

PRINT NAME

DATE