



PIPEFITTERS LOCAL 636
FRINGE BENEFIT FUNDS
P.O. BOX 278
TROY, MICHIGAN 48099-0278
(248) 641-4936 (888) 646-8920

January 2018

TO: ALL PARTICIPANTS IN THE PIPEFITTERS LOCAL 636 FRINGE BENEFIT FUNDS
RE: BENEFICIARY DESIGNATIONS

We know how important it is to you to care for your loved ones. For that reason, it is vitally important that you take the time to read this notice.

Death benefits are paid to your designated beneficiary. Someone you designated 5, 10, or 20 years ago may not be the person to whom you want benefits paid today. Too often, we have found participants fail to update beneficiary designations after major life events such as marriage, birth of a child, death of a spouse, divorce, etc. Therefore, we are reaching out to you on a one-time basis to encourage you to review and update your beneficiary designations.

The Local 636 Fringe Benefit Funds and the United Association provide the following benefits for which you may designate a Beneficiary to receive payment upon your death (subject to plan terms and conditions):

- Local 636 Defined Benefit Pension Fund: Preretirement Death Benefit (Legacy and Cash Balance)
- Local 636 Defined Contribution Pension Fund: Preretirement Death Benefit
- Local 636 Insurance and Retiree Insurance Funds: Life Insurance Benefit
- United Association: Burial Expense Benefit¹

The above list does NOT include survivor benefits that may be payable **after** you have elected to receive retirement benefits from the Pipefitters Local 636 Defined Benefit and Defined Contribution Funds. At the time you elect retirement benefits from these Funds, either your spouse will be your beneficiary or you can designate another beneficiary subject to spousal consent.

To designate your beneficiary, we have provided two options:

1. You may complete and return the second page of this letter, and take no further action, if either you: (a) are married and designate your spouse as your primary beneficiary and the same contingent beneficiary(ies) for all the above benefits; or (b) are single and would like to designate the same primary and contingent beneficiary(ies) for all the above benefits: OR
2. If you would like to designate different beneficiaries for the above benefits, do not complete the second page of this letter but instead complete and return each of the other four enclosed Beneficiary Designation forms (with corresponding Spousal Consent forms, if applicable).

We cannot stress enough the importance of taking time to complete and return these forms. If you have any questions, please contact the Fund Office.

¹The Burial Expense Benefit is payable by the United Association pursuant to the terms and conditions set forth by the UA, not the Local 636 Fringe Funds. Please contact the UA or Local 636 if you have any questions regarding this benefit. Your opportunity to designate a beneficiary for this benefit as part of this mailing is for your convenience only.

DESIGNATION OF SAME BENEFICIARY(IES) FOR MULTIPLE BENEFITS

By my signature below, I designate the same primary and same contingent beneficiaries listed below for the following benefits payable by the Local 636 Fringe Benefit Funds and the United Association (the latter to be designated and recorded on the records of Local 636):

- Local 636 Defined Benefit Pension Fund: Preretirement Death Benefit (Legacy and Cash Balance)
- Local 636 Defined Contribution Pension Fund: Preretirement Death Benefit
- Local 636 Insurance and Retiree Insurance Funds: Life Insurance Benefit
- United Association: Burial Expense Benefit

If you are a participant in the Insurance Fund and after completing this form become a participant in the Retiree Insurance Fund, your designations below will continue to apply to benefits payable by the Retiree Insurance Fund unless you subsequently designate another beneficiary.

Check one: I certify that I am _____ **Married** _____ **Single**

Primary Beneficiary: If married, you must designate your spouse as your primary beneficiary to use this form. If single, you can designate more than one primary beneficiary. Attach additional forms if necessary. Unless you designate otherwise, the primary beneficiaries will share the benefits equally.

Contingent Beneficiary: A contingent beneficiary will only receive benefits if your primary beneficiary predeceases you. Unless you designate otherwise, multiple contingent beneficiaries will share benefits equally.

Primary Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

I understand that the above Beneficiary Designation revokes any prior designation I have made and will be effective when completed, signed, dated, and received by the Fund Office prior to my death. I understand that if I am married and do not want to designate my spouse as the primary beneficiary, or if I am married or single and would like to designate different beneficiaries for any of the above benefits, I do not have to execute this form and can make separate designations for each benefit.

MEMBER/PARTICIPANT NAME (PRINT): _____

SIGNATURE: _____

SSN: _____

DATE: _____

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STOP: If you completed the beneficiary designation form on page 2 of this mailing, mail this completed form to the Fund Office. You do not have to complete the forms on the following pages.

If you **DID NOT** complete the beneficiary designation form on page 2 of this mailing, you **MUST** complete all the forms on the following pages (pages 4-9) and return them to the Fund Office.



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PIPEFITTERS LOCAL 636 DEFINED BENEFIT PENSION FUND
BENEFICIARY DESIGNATION FORM

Please designate below your primary and contingent beneficiary(ies) for any preretirement death benefits payable by the Pipefitters Local 636 Defined Benefit Pension Fund. The same designation applies to Legacy and Cash Balance Benefits.

Check one: I certify that I am _____ **Married** _____ **Single**

Primary Beneficiary: If married, you must designate your spouse as your primary beneficiary, **unless** your spouse consents to another designation. A Spousal Consent Form is provided on the next page. If your spouse plans to execute the Spousal Consent Form, please note he/she must sign this form before a notary public. If single, you can designate more than one primary beneficiary. Attach additional forms if necessary. Unless you designate otherwise, the primary beneficiaries will share the benefits equally.

Contingent Beneficiary: A contingent beneficiary will only receive benefits if your primary beneficiary predeceases you. Unless you designate otherwise, multiple contingent beneficiaries will share benefits equally.

Primary Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

I understand that the above Beneficiary Designation revokes any prior designation I have made and will be effective when completed, signed, dated, and received by the Fund Office prior to my death.

MEMBER/PARTICIPANT NAME (PRINT): _____

SIGNATURE: _____

SSN: _____

DATE: _____

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SPOUSAL CONSENT FORM

Spousal consent of alternate beneficiary designation:

I hereby consent to the participant's (i.e. my spouse's) designation of a beneficiary other than myself for any preretirement death benefits payable by the Pipefitters Local 636 Defined Benefit Pension Fund (Fund). **I fully understand that by signing below, I will not receive benefits payable from the Fund in the event of my spouse's preretirement death.**

Participant's Name (My Spouse) (Print): _____

Spouse's Name (Print): _____

Spouse's Signature: _____

Date: _____

The above Spouse's Signature was subscribed to and sworn to before me on _____ 20____.

Notary Public Signature _____

County of _____

State of _____ My Commission expires: _____



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PIPEFITTERS LOCAL 636 DEFINED CONTRIBUTION PENSION FUND
BENEFICIARY DESIGNATION FORM

Please designate below your primary and contingent beneficiary(ies) for any preretirement death benefits payable by the Pipefitters Local 636 Defined Contribution Pension Fund.

Check one: I certify that I am _____ **Married** _____ **Single**

Primary Beneficiary: If married, you must designate your spouse as your primary beneficiary, **unless** your spouse consents to another designation. A Spousal Consent Form is provided on the next page. If your spouse plans to execute the Spousal Consent Form, please note he/she must sign this form before a notary public. If single, you can designate more than one primary beneficiary. Attach additional forms if necessary. Unless you designate otherwise, the primary beneficiaries will share the benefits equally.

Contingent Beneficiary: A contingent beneficiary will only receive benefits if your primary beneficiary predeceases you. Unless you designate otherwise, multiple contingent beneficiaries will share benefits equally.

Primary Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

I understand that the above Beneficiary Designation revokes any prior designation I have made and will be effective when completed, signed, dated, and received by the Fund Office prior to my death.

MEMBER/PARTICIPANT NAME (PRINT): _____

SIGNATURE: _____

SSN: _____

DATE: _____

SPOUSAL CONSENT FORM

Spousal consent of alternate beneficiary designation:

I hereby consent to the participant's (i.e. my spouse's) designation of a beneficiary other than myself for any preretirement death benefits payable by the Pipefitters Local 636 Defined Contribution Pension Fund (Fund). **I fully understand that by signing below, I will not receive benefits payable from the Fund in the event of my spouse's preretirement death.**

Participant's Name (My Spouse) (Print): _____

Spouse's Name (Print): _____

Spouse's Signature: _____

Date: _____

The above Spouse's Signature was subscribed to and sworn to before me on _____, 20____.

Notary Public Signature _____

County of _____

State of _____ My Commission expires: _____



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PIPEFITTERS LOCAL 636 INSURANCE AND RETIREE INSURANCE FUND
BENEFICIARY DESIGNATION FORM

Please designate below your primary and contingent beneficiary(ies) for life insurance benefits payable from the Pipefitters Local 636 Insurance and Retiree Insurance Funds. This form is to be used if you are a participant in the Insurance Fund or Retiree Insurance Fund. If you are a participant in the Insurance Fund and after completing this form become a participant in the Retiree Insurance Fund, your designations below will continue to apply to benefits payable by the Retiree Insurance Fund unless you subsequently designate another beneficiary. Married participants do not need spousal consent to designate beneficiaries other than their spouses in the Insurance and Retiree Insurance Funds.

Primary Beneficiary: You may designate more than one primary beneficiary. Attach additional forms if necessary. Unless you designate otherwise, the primary beneficiaries will share the benefits equally.

Contingent Beneficiary: A contingent beneficiary will only receive benefits if your primary beneficiary predeceases you. You may designate more than one contingent beneficiary. Attach additional forms if necessary. Unless you designate otherwise, multiple contingent beneficiaries will share benefits equally.

Primary Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

I understand that the above Beneficiary Designation revokes any prior designation I have made and will be effective when completed, signed, dated, and received by the Fund Office prior to my death.

MEMBER/PARTICIPANT NAME (PRINT): _____

SIGNATURE: _____

SSN: _____

DATE: _____

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**PIPEFITTERS, STEAMFITTERS
REFRIGERATION & AIR
CONDITIONING SERVICE
LOCAL UNION No. 636**



FRANK WIECHERT
Business Manager

TERRY A. GILLIGAN
*Secretary-Treasurer
Assistant Business Manager*

BENEFICIARY DESIGNATION FORM
UNITED ASSOCIATION BURIAL EXPENSE BENEFIT

Please designate below your primary and contingent beneficiary(ies) for the Burial Expense Benefit payable by the United Association (UA), for recording in the records of Pipefitters Local 636. This benefit is payable by the UA pursuant to the terms and conditions set forth by the UA, not the Fringe Funds. Please contact the UA or Local 636 if you have any questions regarding this benefit.

Primary Beneficiary: To the extent allowed by the terms of payment for the Burial Expense Benefit payable by the UA, you can designate more than one primary beneficiary. Attach additional forms if necessary. Unless you designate otherwise, the primary beneficiaries will share the benefits equally. There is no spousal consent required to designate a beneficiary other than your spouse for these benefits.

Contingent Beneficiary: To the extent allowed by the terms of payment for the Burial Expense Benefit payable by the UA, you may designate a contingent beneficiary, who will only receive benefits if your primary beneficiary predeceases you. Unless you designate otherwise, multiple contingent beneficiaries will share benefits equally.

Primary Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

Contingent Beneficiary: _____ **Relationship:** _____

Address: _____

I understand that the above Beneficiary Designation revokes any prior designation I have made and will be effective when completed, signed, dated, and received by the Fund Office or Local 636 prior to my death.

MEMBER NAME (PRINT): _____

SIGNATURE: _____

SSN: _____

DATE: _____

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