

PLUMBERS AND STEAMFITTERS LOCAL 486 MEDICAL FUND

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Columbia, MD 21046

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Web: www.PlumbersSteamfitters486Benefits.org

BENEFICIARY DESIGNATIONS FORM

The purpose of this form is to designate beneficiaries for the following:

Plumbers and Steamfitters Local 486 Severance & Annuity/401(K) Plan

Plumbers and Steamfitters Local 486 Pension Plan

This form has three sections. The first section requests general information about you. The following two sections request that you designate a beneficiary for each benefit. If you designate more than one beneficiary for a particular benefit, and the total percentages is not 100%, the distribution will be divided equally among those designated. You must notify the Funds immediately if your marital status changes. **You are not required to elect the same beneficiaries for each benefit. This is a multiple page form. Please fill out all pages. You MUST sign the last page.**

Section I – General Information

Last Name	First Name	Middle Initial	
Social Security Number	Gender	Date of Birth Number	Union Card
Street Address	City, State, Zip		
Telephone Number (include area code)	Marital Status (Circle One) Single Married Divorced		
E-Mail Address			

Section II – Plumbers and Steamfitters Local 486 Pension Plan Beneficiary Designations

If you are married, your spouse is automatically your beneficiary for your pension benefit. You may elect another beneficiary with your spouse's written consent. You will not be able to elect the spousal pension if you name a beneficiary other than your spouse. If you are not married, you may name anyone you wish to be your beneficiary.

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
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Section III – Plumbers and Steamfitters Local 486 Severance & Annuity/401(K) Plan

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Plumbers and Steamfitters Local 486 Severance & Annuity/401(K) Plan. I understand that under the terms of the Plan, my spouse may be entitled to benefits instead of the beneficiaries named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

Name	SS#
Street Address	City, State, Zip
Relationship	Percentage

I hereby make the designation of beneficiary for each of the benefits specified above and revoke any previous designations. I understand that the beneficiaries named above may be revoked at any time by filing a new designation in writing on the Fund office's form. I understand that if all of the above designated beneficiaries predecease me, the distribution will be made in accordance with the terms of the Plan. **I agree to notify the Fund Office immediately of any change in my marital status.**

Signature of Participant

Date