

PLUMBERS AND STEAMFITTERS LOCAL 166 HEALTH AND WELFARE PLAN
BENEFICIARY DESIGNATION FORM

To the extent allowed by the plan documents, you may designate your beneficiaries for death benefits provided by the Health and Welfare Plan. Please designate your beneficiaries below. If you name more than one primary beneficiary, the Plan benefit payable upon your death will be divided equally among your primary beneficiaries, unless you indicate otherwise in the benefit percentage column. Be sure that the total benefit percentages payable to primary beneficiaries equals 100%. Unless you indicate otherwise on a separate sheet attached to this form: (a) if any one of the designated primary beneficiaries predecease you, her/his share will be divided equally amongst the remaining primary beneficiaries, and (b) if all of your primary beneficiary(ies) predecease you, your plan benefit will be paid to the secondary beneficiary(ies) named below.

Primary Beneficiary(ies): (If more space is required, attach a second page.)

<u>Full Name</u>	<u>Address</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Benefit %</u>

Secondary Beneficiary(ies): (If more space is required, attach a second page.)

<u>Full Name</u>	<u>Address</u>	<u>SSN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Benefit %</u>

PARTICIPANT SIGNATURE

I hereby make the designation of beneficiary(ies) specified above and revoke any previous designations made under the Plan. I understand that I may only change the beneficiaries named above by completing a new Designation of Beneficiary Form, in good order.

Participant Name _____ Social Security # _____

Address _____ Phone _____

Participant Signature _____ Date _____