



# WASHINGTON STATE PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN



## DESIGNATION OF BENEFICIARY

PARTICIPANT NAME: \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby designate the following named person(s) as my beneficiary(ies) to receive any monies that may be payable by reason of my death, under the Washington State Plumbing & Pipefitting Industry Plan. I understand that this designation supersedes all prior beneficiary(ies) designation and that I may change my beneficiary(ies) designation by submitting a new, valid Designation of Beneficiary form at any time prior to the effective date of my retirement, provided the new designation complies with the Plan rules for making or changing a form of benefit election.

**If you would like to designate more than three primary beneficiaries please submit their information on a separate piece of paper with their name, address, and relationship and percentage.**

## PRIMARY BENEFICIARY(IES)

**If you list more than one Primary Beneficiary, benefits will be divided equally among the living Primary Beneficiaries unless you specify the percentage.**

1. 

FIRST	MIDDLE	LAST	RELATIONSHIP
_____			
ADDRESS		CITY/STATE/ZIP	
_____		_____	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE
_____		_____	_____
2. 

FIRST	MIDDLE	LAST	RELATIONSHIP
_____			
ADDRESS		CITY/STATE/ZIP	
_____		_____	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE
_____		_____	_____
3. 

FIRST	MIDDLE	LAST	RELATIONSHIP
_____			
ADDRESS		CITY/STATE/ZIP	
_____		_____	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE
_____		_____	_____



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You may designate a Contingent Beneficiary below that will apply if all of your primary beneficiary(ies) predeceases you. If you list more than one Contingent Beneficiary, benefits will be divided equally among the living Contingent Beneficiaries unless you specify the percentage.

## CONTINGENT BENEFICIARY(IES)

1. 

FIRST	MIDDLE	LAST	RELATIONSHIP
ADDRESS		CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE
  
2. 

FIRST	MIDDLE	LAST	RELATIONSHIP
ADDRESS		CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE
  
3. 

FIRST	MIDDLE	LAST	RELATIONSHIP
ADDRESS		CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PERCENTAGE

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are married and designate a primary beneficiary other than your spouse, he/she must complete the Spousal Consent form attached.**



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## SPOUSAL CONSENT

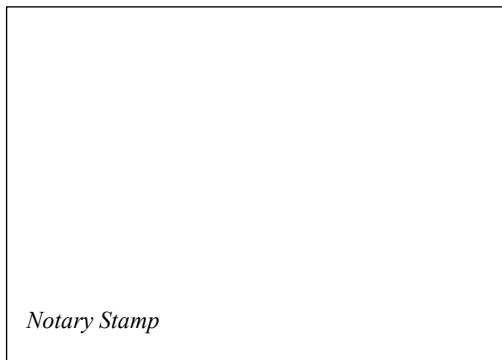
I hereby consent to the designation of the beneficiary(ies) on this Designation of Beneficiary form and understand that any benefits payable from the Washington State Plumbing & Pipefitting Industry Pension Plan as a result of my Spouse's death will be paid to the named beneficiary(ies) listed above.

Signature of Spouse **(Must be notarized)**: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY NOTARY PUBLIC

### NOTARY

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_, 20 \_\_\_\_.



NOTARY PUBLIC in and for the State of

Residing at:

Commission Expires:

Signature: \_\_\_\_\_