

Pipe Fitters Local No. 533 Health and Welfare Plan
8600 Hillcrest Road, Suite A / Kansas City, MO 64138 (ph) 816-361-0206

Beneficiary Designation Form

Note: If you designate your spouse as your Beneficiary, the Beneficiary designation shall automatically become null and void upon divorce. In the event you designate your spouse and another individual as your Designated Beneficiaries, only the portion of the Beneficiary Designation that relates to your spouse will automatically become null and void upon divorce. If you get divorced and you want your ex-spouse to remain your Designated Beneficiary, you must file a new Beneficiary Designation Form with the Fund Office after your divorce.

Participant's Full Name _____
Date of Birth

Street Address *City* *State* *Zip*

Social Security Number *Marital Status* *Gender*

Please list your Primary Beneficiary(ies) and Secondary Beneficiary(ies) (if applicable) and provide all the information requested below for each Beneficiary. Your Primary Beneficiary(ies) is the person(s) who will receive your Death Benefit if (s)he is alive at the time of your death. If you name more than one Primary Beneficiary, you should specify the percentage of your Death Benefit that you would like to allocate to each Primary Beneficiary. The total percentage for your Primary Beneficiary(ies) must equal 100%.

Your Secondary Beneficiary(ies) is the person who will receive your Death Benefit if your Primary Beneficiary(ies) does not survive you (or, if your only Primary Beneficiary is your ex-spouse, and the designation is void because of your divorce). If you name more than one Secondary Beneficiary, you should specify the percentage of your Death Benefit that you would like to allocate to each Secondary Beneficiary. The total percentage for your Secondary Beneficiary(ies) must equal 100%.

Primary Beneficiary:

_____	_____	_____	_____ %
Name	Address	Relationship	Percentage

_____	_____	_____	_____ %
Name	Address	Relationship	Percentage

Secondary Beneficiary:

_____	_____	_____	_____ %
Name	Address	Relationship	Percentage

_____	_____	_____	_____ %
Name	Address	Relationship	Percentage

Signature: _____ Date: _____