

Pipe Fitters Local No. 533 Pension Plan

Pipe Fitters Local No. 533 Individual Account Plan

8600 Hillcrest Road, Suite A | Kansas City, Missouri | (p) 816.361.0206 | (f) 816.444.4275

BENEFICIARY DESIGNATION FORM

Please complete this form and mail it to:

Pipe Fitters Local No. 533 Pension Plan and IAP
8600 Hillcrest Road, Suite A
Kansas City, MO 64138

In order to be valid, this form must be completed, signed, and received by the Plan Administrator prior to the death of the Participant.

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 of 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(ies)

Name _____
Social Security # _____
Percentage _____ %
Relationship _____
Street Address _____
City _____ State _____ Zip _____

Name _____
Social Security # _____
Percentage _____ %
Relationship _____
Street Address _____
City _____ State _____ Zip _____

Secondary Beneficiary(ies)

Name _____
Social Security # _____
Percentage _____ %
Relationship _____
Street Address _____
City _____ State _____ Zip _____

Name _____
Social Security # _____
Percentage _____ %
Relationship _____
Street Address _____
City _____ State _____ Zip _____

Participant's Signature _____ Date _____

If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent on the reverse side of this form. The signature must be witnessed by a Plan representative or notary public.

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SPOUSAL CONSENT (If spouse is not designated as the sole primary beneficiary)

I, the undersigned, being the spouse of the named Plan participant, consent to the non-spouse primary beneficiary designated and to any distribution of benefits made pursuant thereto in accordance with the terms of the Plan. I understand that any Plan benefits payable upon the death of the named participant shall be payable to the beneficiary(ies) named in this **Beneficiary Designation Form** in the percentages designated on this form and not to myself, and I hereby consent to the designation and payment to such non-spouse.

Spouse's Signature

Date

Notary Public's Signature

Date

Date Commission Expires

Please keep a copy of this form for your records and return the original to the Fund Office.