



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**

505 S BROADWAY, STE 117

WICHITA KS 67202-3922

Phone (316) 264-2339

Email: jgray@bmgweb.com

Fax (630) 481-1594

BENEFICIARY DESIGNATION FORM - DEATH BENEFIT

PLEASE PRINT

PARTICIPANT NAME

PARTICIPANT SSN & DOB

PRIMARY BENEFICIARY
NAME, SSN, DOB

PRIMARY BENEFICIARY
RELATIONSHIP & HOME ADDRESS

CONTINGENT BENEFICIARY(S)
NAME, SSN, DOB

CONTINGENT BENEFICIARY(S)
RELATIONSHIP & HOME ADDRESS

PRINTED NAME

SIGNATURE OF PARTICIPANT

DATE SIGNED