

**Plumbing and Pipefitting Industry
Health and Welfare Fund of Kansas**

529 South Anna St, Ste B
Wichita, KS 67209
Phone (316) 264-2339 Fax (630) 230-3913

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