Beneficiary Form Checklist

- Designation for Local Union #441 Death Benefit Plan Gray Form (only applies to those participating in this plan)
- □ UA Beneficiary of Burial Expense Plan *Turquoise Form*
- National Pension Beneficiary Designation Form
- □ PPI Retirement Plan Beneficiary Designation Form
- PPI Health & Welfare Fund Beneficiary Designation Form-Death Benefit
- Local 441 Plumbers and Pipefitters Retirement Plan Pre-Retirement
 Death Benefit Beneficiary Designation Form (Local Pension Form 3B)

If you are updating beneficiaries due to a Divorce:

□ When divorce is *finalized*, all pension plans will need copy of divorce decree and qualified domestic relations order (QDRO)

Mail or Return All Forms To:
Local 441
529 S Anna St
Wichita, Ks 67209-2537

For Additions/Changes to Health Insurance

please contact the

Health & Welfare office

(316) 264-2339



Plumbers & Pipefitters Local 441

529 S Anna St Wichita, Ks 67209-2537 (316) 265-4291 Fax: (316) 265-5731

DESIGNATION FOR LOCAL UNION NO. 441 DEATH BENEFIT PLAN

To the secretary of Local No. 441, of Wichita	, Kansas, United Association of Journeymen
Plumbers and Pipefitters of the United States	and Canada: In compliance with the provisions of
the Local Union 441 Death Benefit Plan, begi	inning January 1, 2004, in that regard, I,
	, Card No.
(Please Print Full Name)	
a member of the United Association and Loca	al Union No. #441, or its successor, do hereby
designate:	
Beneficiary Name: Relationship: Beneficiary's Address:	
Beneficiary's SS #: _ Beneficiary's DOB: _ Beneficiary's Phone #: _	City State Zip Code / /
as the person to whom shall be paid any ben	neficiary money owed by the Local Union No. 441
"Death Benefit Plan," or its successor, in the	event of my death.
The undersigned member reserves th	ne right to change the beneficiary at any time.
This is in lieu of any former such designation	made by me.
Union Member's Signature	Date
Social Security Number	
Witness	Date
Witness	Date

LAST (PRINT)	FIRST	MIDDLE	SSN/SIN	

United Association of Journeymen & Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada BENEFICIARY OF BURIAL EXPENSE

(Mail completed form to your Local Union)

To the Secretary of Local	441 City	Wichita	State	Kansas	
In compliance with	the provisions of t	the Constitution of t	the United As	sociation of wh	ich I am a
member I hereby designate _					
Relationship		as the person to w	whom shall be	paid any "Buria	al Expense
Benefit" to which I may be	entitled at the tin	ne of my death. Th	is individual v	will be responsi	ble for the
payment of my funeral e	xpense. I underst	tand that if the a	forementioned	party does n	ot assume
responsibility for my buria	expense, the ben	efit will be paid to	the party wl	no does or the	party who
is more equitably entitled.					
WITNESS	:	Dated this	day of		
			(day)	(month)	(year)
			(Member's	Signature)	
				Form 2	26-Rev. 10/99

United Association National Pension Fund - Beneficiary Designation

Completing the Beneficiary Designation Form to ensure that	
Participant Information :	(Canada only)
Social Security Number	Social Insurance Number
First Name Middle Name	Last Name
Jr., Sr., I, etc. Birth Date	/ Phone # () -
Mailing Address (Street Address or P.O. Box, as applicable)	Sex O Male O Female
	Jex O Male O Pelliale
	Local Union#
City	State Zip / Canadian Postal Code
PRIMARY BENEFICIARY: I hereby designate the following person(s ALL areas below for each Beneficiary.) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. Fill in
First Name Middle Name	Last Name
riist Name iniidde Name	Last Name
Jr., Sr., I, etc. Birth Date	Sex Male Female
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided.
	Spouse O Child O Other
Social Insurance Number	
Address	1 10, complete the address section below.
City	State Zip/Canadian Postal Code
First Name Middle Name	Last Name
Jr., Sr., I, etc. Birth Date	Sex O Male O Female
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided
Social Insurance Number	O Spouse O Child O Other
Is the Beneficiary's address the same as the Participant's address?	○ Yes ○ No If 'No', complete the address section below.
Address	
City	State Zip/Canadian Postal Code
First Name Middle Name	Last Name
Jr., Sr., I, etc. Birth Date /	Sex Male Female
Social Security Number	Relationship: Select one. If 'Other', define the relationship on the line provided.
Social Insurance Number	O Spouse O Child O Other
Is the Beneficiary's address the same as the Participant's address?	○ Yes ○ No If 'No', complete the address section below.
Address	
City	State Zip/Canadian Postal Code

Designate Contingent and Successor Beneficiary(ies) on page 2.

NOTE: Signature required on page 2.

Page 1 of 2

(Rev. 02/17)

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<u>United Association National Pension Fund - Beneficiary Designation</u>

1217646423

Bar Code No.

CONTINGENT and SUCCESSOR BENEFICIARY: If ALL Primary Beneficiary(ies) do not survive, I designate the following person(s) to be my Contingent Beneficiary(ies) to receive benefits, if any, that become due as a result of my death or that remain payable after the death of all the previously named Primary Beneficiary(ies).

First Name Middle Name Last Name
Jr., Sr., I, etc. Sex Male Female
Social Security Number Relationship: Select one. If 'Other', define the relationship on the line provided.
Social Insurance Number Spouse O Child O Other
Is the Beneficiary's address the same as the Participant's address? O Yes O No If 'No', complete the address section below.
Address
City State Zip/Canadian Postal Code
First Name Middle Name Last Name
Jr., Sr., I, etc. Birth Date / Sex Male Female
Social Security Number Relationship: Select one. If 'Other', define the relationship on the line provided.
Social Insurance Number Social Insurance Number Spouse Spo
Is the Beneficiary's address the same as the Participant's address? O Yes O No If 'No', complete the address section below.
Address
City State Zip/Canadian Postal Code
First Name Middle Name Last Name
Jr., Sr., I, etc. Birth Date / Sex Male O Female
Social Security Number Relationship: Select one. If 'Other', define the relationship on the line provided.
Social Insurance Number Spouse Child Other
Is the Beneficiary's address the same as the Participant's address? O Yes O No If 'No', complete the address section below.
Address
City State Zip/Canadian Postal Code
I understand that I may change this Beneficiary Designation at any time by filing a new Beneficiary Designation Form with the Fund Office. However, I also understand that, in accordance with the Retirement Equity Act of 1984, if I am married when I retire, my spouse must give written consent to my designation of beneficiaries. Note: If you are already retired and Spousal Consent is needed in order to accept your form, the Fund Office will provide you with the additional forms as needed in order to complete your designation. NOTE: Complete page 1 first. Signature Date:
You must sign and date the form in order for your designation to be accepted by the Fund Office

PLUMBING AND PIPEFITTING INDUSTRY RETIREMENT PLAN OF KANSAS BENEFICIARY DESIGNATION FORM

Please Complete This Form in Ink

Employee Information

Last Name First Name	MI	Date of Birth	Soc	ial Secu	rity Number
				Married	☐ Unmarried
Address		City, State, Zi	p		
Employer		Date of Hire	Date	e of Mar	riage
Spouse's Last Name First Name	MI	Spouse's Soc Number	ial Security Spo	use's D	ate of Birth
	Benef		ation		
NOTE: If you are married and cautomatically be your sole Prim designation on this form. Read to the back of this form before co	ary Benefi he Notice	ciary unless you r Regarding Qualific	nake, with your spous	e's con	sent, a different
Primary Beneficiary(ies):					
I hereby designate the following and Pipefitting Industry Retirer Beneficiaries, the death benefit w your death, unless you indicate of share equally, and not all of their death benefit in proportion to the	ment Plan vill be share otherwise b m survive	of Kansas (the ed equally by the Prelow. If you indicated you, those who are	"Plan"). (If you desing imary Beneficiaries who te that multiple Primary alive on the date of y	gnate r are aliv Benefic	nultiple Primary ve on the date of ciaries are not to
(Name)	(Rela	ationship to me)	(Social Security Nur	mber)	(Percentage)
(Name)	(Rela	ationship to me)	(Social Security Nur	mber)	(Percentage)
(Name)	(Rel	ationship to me)	(Social Security Nu	mber)	(Percentage)

Contingent Beneficiary(ies):

I hereby designate the following Contingent Beneficiary(ies). (If all of your Primary Beneficiaries die before you do, then any death benefit under the Plan will be payable to your Contingent Beneficiary(ies). If you designate multiple Contingent Beneficiaries and all your Primary Beneficiaries die before you do, the death benefit will be shared equally by the Contingent Beneficiaries who are alive on the date of your death, unless you indicate otherwise below. If you indicate that multiple Contingent Beneficiaries are not to share equally, and not all of them survive you, those who are alive on the date of your death will share the death benefit in proportion to the percentages you have indicated.)

(Name)	(Relationship to me)	(Social Security Number)	(Percentage)
(Name)	(Relationship to me)	(Social Security Number)	(Percentage)
(Name)	(Relationship to me)	(Social Security Number)	(Percentage)
	Employee's Signature)	
I have read and understand the inform Survivor Annuity (QPSA). I understa made with respect to the Plan.			
	Sign Here		
Employee's Signature	Date		
NOTE: The Plan Administrator may r or impractical to apply. The Plan Adm			
Spo	ousal Consent and Acknow	ledgment	
Do not complete this Consent and Beneficiary	d Acknowledgment if the I	Participant's Spouse is th	e sole Primary
NOTE: Spouses should read the Neback of this form before completing the		eretirement Survivor Annuity	(QPSA) at the
Preretirement Survivor Annuity (QPS) dies, then I may have the right to the receiving benefits (or, if earlier, before this right if my spouse dies with an account and instead to have the Plan's death by	A). I understand that if I am a QPSA benefit from the Plar the beginning of the period focunt balance in the Plan. I a	n if my spouse dies before he or which the benefits are paid agree to give up my right to the	arding Qualified e date he or she begins d). I would have

2

WA 831576.2

I understand that my spouse cannot select a different beneficiary unless I agree to the change. I understand that by signing this consent and acknowledgment, I will receive nothing from the Plan after my spouse dies. I understand that I do not have to sign this consent and acknowledgment. I am signing this agreement voluntarily. I understand that if I do not sign this consent and acknowledgment, then I will receive the QPSA benefit if my spouse dies with an account balance in the Plan before he or she begins to receive benefits (or, if earlier, before the beginning of the period for which the benefits are paid).

This consent and acknowledgment is my free and voluntary act. I UNDERSTAND THAT THIS CONSENT AND ACKNOWLEDGMENT IS NOT REVOCABLE.

Spouse's Signature		Date
	by Plan Ad	ministrator or Notary Public
State of) ss.	
I certify that on the came presence.	_ day of	, before me, before me, and he/she executed the foregoing document in my
		☐ Notary Public's Signature, or ☐ Plan Administrator's Signature
For Plan Administrator's Use Only:		
Date Received:		
Check if rejected. Reason:		

3

WA 831576.2

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

DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT DEATH BENEFIT UNDER LOCAL 441 PLUMBERS AND PIPEFITTERS RETIREMENT PLAN

TO: The Plan Adn	ninistrator of Local 441 Plur	mbers and Pipefitters Retireme	ent Plan	
FROM:		("Participant")		
		Participant's Social Security Number		
a beneficiary to receive a	Contribution Refund Death	Pipefitters Retirement Plan (t Benefit if I die before receiving pouse's Pension under the Pla	ng benefits under t	
Beneficiary Name: Relationship: Beneficiary's Address:				
_	City	State	Zip Code	
Beneficiary's SS #: Beneficiary's DOB:				
Witnessed by Plan F	Representative or Nota	ry Public		
)	ss.)		
On the	day of	, 20, before me continue, known to me to be the		
and who executed	I, the foregoing statement, a	nd he/she duly acknowledged		
executed the same	∂ .			
Signature				
☐ Notary Public		(SEAL)		
☐ Plan Representative				