

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, beginning January 1, 2004, in that regard, I,

_____, Card No. _____
(Please Print Full Name)

a member of the United Association and Local Union No. #441, or its successor, do hereby designate:

Beneficiary Name: _____
 Relationship: _____
 Beneficiary's Address: _____

	City	State	Zip Code
Beneficiary's SS #:	-	-	-
Beneficiary's DOB:	/	/	/

 Beneficiary's Phone #: _____

as the person to whom shall be paid any beneficiary money owed by the Local Union No. 441 "Death Benefit Plan," or its successor, in the event of my death.

The undersigned member reserves the 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 the Constitution of the United Association of which I am a member I hereby designate _____

Relationship _____ as the person to whom shall be paid any "Burial Expense Benefit" to which I may be entitled at the time of my death. This individual will be responsible for the payment of my funeral expense. I understand that if the aforementioned party does not assume responsibility for my burial expense, the benefit will be paid to the party who does or the party who is more equitably entitled.

WITNESS:

Dated this _____ day of _____
(day) (month) (year)

(Member's Signature)

Form 26-Rev. 10/99

United Association National Pension Fund - Beneficiary Designation

Instructions: Print using **ONLY** capital letters and using an ink pen. Read and follow Instructions for Completing the Beneficiary Designation Form to ensure that your form is completed properly.

Participant Information :

Social Security Number - -
(Canada only)
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)

Mailing Address (Apt, Etc.)

Sex Male Female

Local Union#

City
State
Zip / Canadian Postal Code

PRIMARY BENEFICIARY: I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. Fill in **ALL** areas below for each Beneficiary.

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.
 Spouse Child Other _____

Social Insurance Number

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.
 Spouse Child Other _____

Social Insurance Number

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.
 Spouse Child Other _____

Social Insurance Number

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.

United Association National Pension Fund - Beneficiary Designation

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. Birth Date / / Sex Male Female

Social Security Number - - Relationship: Select one. If 'Other', define the relationship on the line provided.
 Spouse Child Other

Social Insurance Number

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.
 Spouse Child Other

Social Insurance Number

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.
 Spouse Child Other

Social Insurance Number

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

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

<hr/> Last Name	<hr/> First Name	<hr/> MI	<hr/> Date of Birth	<hr/> Social Security Number
<hr/> Address			<hr/> City, State, Zip	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
<hr/> Employer			<hr/> Date of Hire	<hr/> Date of Marriage
<hr/> Spouse's Last Name	<hr/> First Name	<hr/> MI	<hr/> Spouse's Social Security Number	<hr/> Spouse's Date of Birth

Beneficiary Designation

NOTE: If you are married and die before you begin to receive your benefit under the Plan, your spouse will automatically be your sole Primary Beneficiary unless you make, with your spouse's consent, a different designation on this form. **Read the Notice Regarding Qualified Preretirement Survivor Annuity (QPSA) at the back of this form before completing this Section.**

Primary Beneficiary(ies):

I hereby designate the following Primary Beneficiary(ies) for any death benefit payable under the Plumbing and Pipefitting Industry Retirement Plan of Kansas (the "Plan"). (If you designate multiple Primary Beneficiaries, the death benefit will be shared equally by the Primary Beneficiaries who are alive on the date of your death, unless you indicate otherwise below. If you indicate that multiple Primary 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.)

<hr/> (Name)	<hr/> (Relationship to me)	<hr/> (Social Security Number)	<hr/> (Percentage)
<hr/> (Name)	<hr/> (Relationship to me)	<hr/> (Social Security Number)	<hr/> (Percentage)
<hr/> (Name)	<hr/> (Relationship to me)	<hr/> (Social Security Number)	<hr/> (Percentage)

**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 Administrator of Local 441 Plumbers and Pipefitters Retirement Plan

FROM: _____ (“Participant”)

_____ Participant’s Social Security Number

I, a participant in the Local 441 Plumbers and Pipefitters Retirement Plan (the “Plan”), wish to designate a beneficiary to receive a Contribution Refund Death Benefit if I die before receiving benefits under the Plan and my Spouse (if I am married) is not entitled to a Spouse’s Pension under the Plan. I designate:

Beneficiary Name: _____

Relationship: _____

Beneficiary’s Address: _____

_____ City State Zip Code

Beneficiary’s SS #: _____ - -

Beneficiary’s DOB: _____ / /

I hereby revoke any previous beneficiary designation for this Death Benefit.

Participant Signature

Date

Witnessed by Plan Representative or Notary Public

State of _____)

ss.

County of _____)

On the _____ day of _____, 20____, before me came

_____, known to me to be the person described in,

and who executed, the foregoing statement, and he/she duly acknowledged to me that he/she

executed the same.

Signature

Notary Public

(SEAL)

Plan Representative