

## STEAMFITTERS LOCAL 602 BENEFICIARY DESIGNATIONS

The purpose of this form is to designate beneficiaries for the: 1) Local 602 Death Benefits; 2) Heating, Piping and Refrigeration Medical Fund; 3) Heating, Piping and Refrigeration Pension Fund; and 4) Steamfitters Local 602 Retirement Savings Plan. This form has five sections. The first section requests general information about you. The following four sections request that you designate a beneficiary for each of benefit. If you designate more than one beneficiary for a particular benefit, and the total percentage is not 100%, the distribution will be divided equally among those designated. You must notify the Funds immediately if your marital status changes. **You are not required to elect the same beneficiaries for each benefit. This is a two page form. Please fill out both pages. You MUST sign the second page of the form.**

**Section 1 - Personal Information**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Union Card Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_ Marital Status (Check One):  Single  Married  Divorced

Home Phone Number \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Section 2 - Local Union 602 Death Benefit** - As a member of Local 602, I hereby designate the following person or persons as my beneficiary(ies) for the Local Union 602 Death Benefit.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

**Section 3 - Heating, Piping & Refrigeration Medical Fund Enrollment Card**

Please list your dependents in the spaces below.

Name	Social Security Number	Relationship	Date of Birth

Name and address of Spouse's Employer: \_\_\_\_\_

Name of Other Group Health Coverage: \_\_\_\_\_

**Beneficiary Designation:** Show the full name of the person or persons to whom benefits will be paid in the event of your death: \_\_\_\_\_

**THIS IS A TWO PAGE FORM. PLEASE COMPLETE BOTH PAGES OF THIS FORM.**

**Section 4 - Pension Plan Beneficiary Designation**

I hereby designate the following person or persons as my beneficiary(ies) to receive benefits, if any, payable at my death from the Heating, Piping, and Refrigeration Pension Fund. I understand that under the terms of the Plan, my spouse may be entitled to benefits instead of the beneficiary(ies) named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

**Section 4 - Steamfitters Local 602 Retirement Savings Plan**

I hereby designate the following person or persons as my beneficiary(ies) to receive the balance of my account in the Steamfitters Local 602 Retirement Savings Plan upon my death. I understand that, under the terms of the Plan, if I am married at the time of my death, my surviving spouse is automatically my beneficiary. I further understand that if I designate someone other than my spouse, they will receive the distribution on my death only if my spouse does not survive me.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percent: \_\_\_\_\_

I hereby make the designation of beneficiary for each of the benefits specified above and revoke any previous designations. I understand that the beneficiaries named above may be revoked at any time by filing a new designation in writing on the Fund office's form. I understand that if all of the above designated beneficiaries predecease me, the distribution will be made in accordance with the terms of the Plan. **I agree to notify the Fund office immediately of any change in my marital status.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date