

Heating, Piping and Refrigeration Benefit Funds

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Administered by
 Welfare & Pension Administration Service, Inc.
BENEFICIARY DESIGNATIONS FORM



The purpose of this form is to designate beneficiaries for the following:

Local Union 602 Death Benefit

Heating, Piping and Refrigeration Medical Fund

Heating, Piping and Refrigeration Pension Fund

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 benefit. If you designate more than one beneficiary for a particular benefit, and the total percentages 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 multiple page form. Please fill out all pages. You MUST sign the last page.**

Section I – General Information about you.

Last Name	First Name	Middle Initial
Social Security Number	Gender	Date of Birth
Street Address	City, State, Zip	
Home phone Number (include area code)	Cell phone number (include area code)	
Email Address	Marital Status (Circle One)	
	Single Married Divorced	

Section II – Local Union 602 Death Benefit Beneficiary Designations

As a member of Local 602, I hereby designate the following people as my beneficiaries for the Local Union 602 Death Benefit. If you split the benefit among multiple beneficiaries, the total percentage must equal 100 percent.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Section III – Heating, Piping and Refrigeration Pension Plan Beneficiary Designations

I hereby designate the following people as my beneficiaries 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 beneficiaries named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.** If you split the benefit among multiple beneficiaries, the total percentage must equal 100 percent.

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Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Section IV – Steamfitters Local 602 Retirement Savings Plan Beneficiary Designations

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Steamfitters Local 602 Retirement Savings Plan. **I understand that under the terms of the Plan, my spouse may be entitled to benefits instead of the beneficiaries named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.** If you split the benefit among multiple beneficiaries, the total percentage must equal 100 percent.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Section V – Heating, Piping and Refrigeration Medical Fund Beneficiary Designations

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Heating, Piping and Refrigeration Medical Fund. If you split the benefit among multiple beneficiaries, the total percentage must equal 100 percent.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

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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

Instead of mailing or faxing, you may email eligibility@wpas-inc.com your completed form.

