

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

BENEFICIARY DESIGNATION FORM ("FORM")

Complete the Beneficiary Designation Form ("Form") in ink. Forms may be considered invalid if they are: (a) not completed in ink; (b) not completed in full; (c) not signed; (d) not dated; or (e) contain any type of alternation (e.g. correction tape, white out, etc.). All three pages of the Form must be submitted.

IF YOU WISH TO LIST A BENEFICIARY FOR ALL FUNDS, COMPLETE THE ALL FUNDS BENEFICIARY DESIGNATION SECTION (PAGE 1). IF YOU WISH TO DESIGNATE BENEFICIARIES FOR SPECIFIC FUNDS, COMPLETE THE BENEFICIARY DESIGNATION FOR EACH SEPARATE FUND (PAGES 2-3). BE SURE TO SIGN AND DATE THE FORM AND REVIEW/COMPLETE THE LAWFUL SPOUSE INFORMATION, IF APPLICABLE.

PARTICIPANT INFORMATION			
Last Name	First Name	Middle Initial	
Mailing Address			
Social Security Number	Date of Birth	Phone Number	Email
Current Marital Status (You must check one) <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Divorced and currently Single <input type="checkbox"/> Divorce in Progress <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced and Widowed <input type="checkbox"/> Widowed and Remarried <input type="checkbox"/> Separated (Informal) Date of Separation: _____ <input type="checkbox"/> Legally Separated (Formal) Date of Court Separation: _____			

LAWFUL SPOUSE INFORMATION (if applicable)			
If you are currently married and would like to designate someone other than your Spouse, or in addition to your Spouse, your Spouse must authorize your designation by completing the Spousal Consent section on page 3 of this Form.			
Last Name	First Name	Middle Initial	
Mailing Address			Date of Marriage
Social Security Number	Date of Birth	Phone Number	Email

* TO DESIGNATE DIFFERENT BENEFICIARIES FOR EACH FUND, PROCEED TO PAGES 2 AND 3 *
 ** IF DESIGNATING SOMEONE OTHER THAN YOUR SPOUSE, THE SPOUSAL CONSENT ON PAGE 3 MUST BE COMPLETED **

*** YOU ARE REQUIRED TO SIGN AND DATE THE BOTTOM OF PAGE 3 ***

ALL FUNDS BENEFICIARY DESIGNATION				
If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.				
1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

ALL FUNDS ALTERNATE BENEFICIARY DESIGNATION				
(If the above-named Beneficiary(ies) is/are deceased at the time of your death)				
If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.				
1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

HEALTH AND WELFARE BENEFICIARY DESIGNATION**If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.**

1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

HEALTH AND WELFARE ALTERNATE BENEFICIARY DESIGNATION**(If the above-named Beneficiary(ies) is/are deceased at the time of your death)****If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.**

1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

PENSION BENEFICIARY DESIGNATION**If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.**

1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

PENSION ALTERNATE BENEFICIARY DESIGNATION**(If the above-named Beneficiary(ies) is/are deceased at the time of your death)****If you designate more than one Beneficiary, benefits will be distributed equally among all Beneficiaries listed unless other percentages are specified.**

1.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			
2.	Full Name		Social Security Number	Date of Birth
	Mailing Address			
	Relationship	Email	Phone Number	Percentage
	If named Beneficiary is a minor, provide the full name and address of guardian:			

PROCEED TO THE NEXT PAGE TO DESIGNATE A BENEFICIARY(IES) FOR SUPPLEMENTAL 401(k) RETIREMENT.**REFER TO THE NEXT PAGE FOR THE SPOUSAL CONSENT (IF APPLICABLE).**

