



BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Dear Plan Participant:

On the next page, please find a Beneficiary Designation Form (“Form”). **Please review the information and instructions listed below prior to completing this Form.**

You must complete and return a Form at the time of initial enrollment or any time you have a change in life circumstances (e.g. marriage, divorce, etc.). If you decide to change your Beneficiary at any time, you must complete and return a new Form. If you are not certain about who you previously designated as your Beneficiary, a new Form should be completed. Please be aware that the Trust Fund Office will not respond to any inquiries regarding who you have listed as your designated Beneficiary(ies); therefore, we strongly recommend you keep a copy of your Form for your records. You may change your Beneficiary at any time (with spousal consent if married). Understand that a new Form replaces all prior designations you may have made, to the extent permitted by applicable law.

Primary and Alternate Beneficiary(ies). This Form allows you to designate a Primary and Alternate Beneficiary(ies) in the event of your death. Payments to Alternate Beneficiaries will only be made if no Primary Beneficiary(ies) survives you. If you fail to designate a Beneficiary or no designated Beneficiary survives you, distribution of any benefits will be made to the first surviving class of the following classes of successive preference beneficiaries: (a) your Spouse, if any, and if none; (b) in equal shares to your children, natural or adopted; or if none, (c) in equal shares to your parents; or if none, then (d) in equal shares to your brothers and sisters; and if none, then (e) to your estate. This does not include stepchildren, stepparent(s), and stepsibling(s).

Spousal Consent Required. If you are currently married and would like to designate someone other than your Spouse or a Beneficiary(ies) in addition to your Spouse, after you complete the Form, your Spouse must complete the Spousal Consent section of the Form and sign it before a notary public. By signing this consent, your Spouse is authorizing the designation of any other or additional Beneficiary(ies).

Minor Child(ren). If you would like to designate a minor child(ren), you should also list a Legal Guardian who would be responsible for your child(ren) in the event of your death. If you are listing your minor child(ren)’s other parent as your Primary Beneficiary and any minor child(ren) as your Alternate Beneficiary(ies), you should list a Legal Guardian other than yourself and your child’s other parent.

Valid Form Requirements:

1. The Form must be completed 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 alteration (e.g. correction tape, white out, etc.).
2. If your Form is deemed invalid, you will be required to complete a new Form in its entirety. Should you pass away prior to the Trust Fund Office receiving a valid Form, you will be considered to have died without a designated Beneficiary. Additionally, if you have any changes or updates to a Form you already have on file, you are required to complete a new Form in its entirety.
3. Be aware that additional Forms and/or documentation may be required before your Form can be processed. We will contact you via letter if additional Forms and/or documentation are required.
4. To be considered valid, this Form must be received by the Trust Fund Office prior to your death.
5. You may designate the same person (one person) to receive all Funds [Health and Welfare, Pension, and Supplemental 401(k) Retirement] by completing the ***BENEFICIARY FOR ALL FUNDS*** section or you may designate different persons (or multiple persons) to receive these individual Funds, by separately completing the Health and Welfare, Pension, and Supplemental 401(k) Retirement sections under ***BENEFICIARY FOR SEPARATE FUNDS***. **NOTE:** If you designate multiple Beneficiaries (or Alternate Beneficiaries), payment will be made in the designated percentages. However, if no designated percentage is indicated, benefits for each Fund will be distributed equally among all Beneficiaries (or Alternate Beneficiaries).
6. Be aware that prior to your Date of Retirement, any designation for the Pension Fund using this Form is valid for Pre-Retirement Pension Plan Benefits only. Once you have retired, any designation listed under the Pension Fund on this Form will be invalidated and the person you listed as your Beneficiary during the retirement process will be your designated Beneficiary for the Pension Plan.
7. You may only designate a living trust as a Beneficiary or Alternate Beneficiary for Life Insurance Benefits under the Health and Welfare Fund and the Supplemental 401(k) Retirement Fund. If you designate a living trust, you must provide the full legal name of the trust, the date the trust was signed, and indicate whether it is a revocable or irrevocable trust. In addition, you must submit a copy of the Trust Cover Page, if applicable, and page one (1) of the Trust. Please be aware that a full copy of the trust and all related documents may be required upon your death. If you designate a living trust, payments are only allowed in the form of a lump sum payment.
8. **If you are married and designate your Spouse as Beneficiary but later divorce, designation of your Spouse as Beneficiary is automatically revoked. Similarly, if you marry, any prior Beneficiary Designation will be deemed invalid.**

Should you have any questions on completing this Form or require additional information, please contact the Trust Fund Office at 925/356-8921, ext. 710.

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

BENEFICIARY DESIGNATION FORM ("FORM")

Complete the Beneficiary Designation Form in ink only. 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 alteration (e.g. correction tape, white out, etc.). Remember to sign and date the bottom of this Form.

PARTICIPANT INFORMATION				
Last Name, include Suffix (if applicable)	First Name	M.I.	Date of Birth / /	Social Security Number - -
Mailing Address				
Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Divorced & currently Single <input type="checkbox"/> Divorce in Progress <input type="checkbox"/> Divorced & Widowed <input type="checkbox"/> Separated - Date of Separation _____ <input type="checkbox"/> Widowed & Remarried <input type="checkbox"/> Widowed				
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 the reverse side of this Form.				
Last Name, include Suffix (if applicable)	First Name	M.I.	Date of Birth / /	Social Security Number - -
Mailing Address				Date of Marriage

BENEFICIARY FOR ALL FUNDS	
Complete this section <u>only</u> if you are designating one person for all Funds [Health and Welfare, Pension and Supplemental 401(k) Retirement]. If more than one Alternate Beneficiary is listed, benefits will be distributed equally among all Alternate Beneficiaries listed unless otherwise specified in the Percentage column.	

BENEFICIARY INFORMATION				
Full Name	Relationship	Date of Birth	Address	Phone Number
If the named Beneficiary is a minor, provide the full name and address of guardian:				

ALTERNATE BENEFICIARY INFORMATION (If the above named Beneficiary/ies is/are deceased)					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

BENEFICIARY FOR SEPARATE FUNDS	
Complete each of the following Fund sections <u>only</u> if you are designating more than one person for one or more of the Funds or wish to designate a different person for each Fund. If more than one Beneficiary or Alternate Beneficiary is named, benefits for each separate Fund will be distributed equally among all Beneficiaries (or Alternate Beneficiaries) listed, unless otherwise specified in the Percentage column.	

HEALTH AND WELFARE FUND BENEFICIARY INFORMATION					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

ALTERNATE BENEFICIARY INFORMATION (Will apply only if the above named Beneficiary(ies) is/are deceased)					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

PENSION FUND BENEFICIARY INFORMATION					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

ALTERNATE BENEFICIARY INFORMATION (Will apply only if the above named Beneficiary(ies) is/are deceased)					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Alternate Beneficiary(ies) is a minor, provide the full name and address of guardian:					

SUPPLEMENTAL 401(k) RETIREMENT FUND BENEFICIARY INFORMATION					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

ALTERNATE BENEFICIARY INFORMATION (Will apply only if the above named Beneficiary(ies) is/are deceased)					
Full Name(s)	Relationship	Date of Birth	Address	Percentage	Phone Number
a)					
b)					
c)					
If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:					

PARTICIPANT SIGNATURE / DATE REQUIRED	
I acknowledge that the information provided on this Form is accurate and I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I also understand and acknowledge that I have read both sides of this Form entirely and understand the contents within.	
PARTICIPANT SIGNATURE: _____	DATE: _____

SPOUSAL CONSENT

If you are married and designate a Beneficiary(ies) other than your Spouse, he/she must give written consent below and have it notarized for each of the Funds (Health and Welfare Fund, Pension Fund, Supplemental 401(k) Retirement Fund). Such designations (e.g. naming a sole Beneficiary other than your Spouse, naming additional Primary Beneficiaries in addition to your Spouse) will not be effective unless your Spouse indicates consent of the designation by signing the Spousal Consent below.

I _____ (Spouse's name), hereby consent to the designation of the Beneficiary(ies) named on the reverse side. I understand that (1) the effect of this designation is to cause a portion of, or all of my Spouse's Death Benefits to be paid to someone other than me, and (2) that each Beneficiary Designation is not valid unless I consent to it.

SPOUSE'S SIGNATURE

DATE

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

On _____ before me, _____, Notary Public
Date Here insert Name of the Officer

personally appeared _____
Name(s) of Signer(s):

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

Please return this original Form to:

**Northern California Pipe Trades Trust Funds
935 Detroit Avenue, Suite 242A
Concord, CA 94518-2501**

Phone: 925/356-8921