



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 any time you have a change in life circumstances (e.g. marriage, divorce, etc.). If at any time you decide to change your Beneficiary, you must complete and return a new Form. If you are uncertain about who you previously designated as your Beneficiary, a new Form should be completed. 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/or Alternate Beneficiary(ies). This Form allows you to designate a Primary and Alternate Beneficiary(ies) in the event of your death. Payments to Alternate Beneficiary(ies) will only be made if no Primary Beneficiary(ies) survives you.

If you designate multiple Beneficiaries, or Alternate Beneficiaries, benefits will be distributed equally among all Beneficiaries, or Alternate Beneficiaries unless otherwise specified.

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, if none; (b) in equal shares to your children, natural or adopted, if none; (c) in equal shares to your parents, if none, then; (d) in equal shares to your brothers and sisters, if none, then; (e) to your estate. This does not include stepchildren, stepparents, and stepsiblings.

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 designate a minor child(ren) as Beneficiary(ies), 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 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.). All three pages of the Form must be submitted.
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. 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 **ALL FUNDS BENEFICIARY DESIGNATION** 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 BENEFICIARY DESIGNATION** sections.
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 is automatically revoked. Similarly, if you marry, any prior Beneficiary Designation will be deemed invalid.**

If you have any questions on completing this Form or require additional information, 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 ("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
			<input type="checkbox"/> Date of 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
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
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
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
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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	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).

SUPPLEMENTAL 401(k) RETIREMENT 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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	Relationship	Email	Phone Number
	Percentage		
If named Beneficiary is a minor, provide the full name and address of guardian:			

SUPPLEMENTAL 401(k) RETIREMENT 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
	Mailing Address		Date of Birth
	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
	Mailing Address		Date of Birth
	Relationship	Email	Phone Number
	Percentage		
If named Beneficiary is a minor, provide the full name and address of guardian:			

SPOUSAL CONSENT	
(Not applicable if designating only your Spouse as your Beneficiary)	
<p>If you are married and designate a Beneficiary(ies) other than or in addition to your Spouse, he/she must give written consent below and have it notarized. 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.</p> <p>I _____ (Spouse's name), hereby consent to the designation of the Beneficiary(ies) named within this Form. 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) the Beneficiary Designation is not valid unless I consent to it.</p> <p>_____</p> <p><i>Spouse's Signature</i> _____ <i>Date</i> _____</p>	
NOTARY ACKNOWLEDGMENT	
<p>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.</p> <p>State of _____</p> <p>County of _____</p> <p>On _____ Date _____ before me, _____, Notary Public</p> <p>personally appeared _____</p> <p><i>Name(s) of Signer(s):</i> _____</p> <p>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.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p> <p>Place Notary Seal Above _____</p> <p><i>Signature of Notary Public</i> _____</p>	

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 that I have read all pages of this Form entirely and understand the contents within.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____