



Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan

6525 Centurion • Drive Lansing • MI • 48917

(517)321-7502 or (833)767-0172

Beneficiary Designation BPAS Plan Number 170203

Participant Last Name	Participant First Name	Middle Initial
Participant Social Security Number	Phone Number	

I hereby designate the following person or persons who are living at the time of my death to receive any benefit or other interest I have in my account in the Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan which becomes due at or after my death, according to the terms of the Plan of Benefits then in effect. I reserve the right to change this Designation of Beneficiary or revoke it in its entirety at any time. I understand that this Designation of Beneficiary, or any change or revocation of it, will be effective only when it is received by the Plan Administrator and only if it is received by the Plan Administrator during my lifetime. This Designation of Beneficiary shall be void upon dissolution of my marriage if it designates a former spouse, and shall be void upon my subsequent marriage unless it designates my Spouse to whom I am married at my death. I understand that if the named beneficiary(s) are not living at my death, or if I have not made a valid Designation of Beneficiary at the time of my death, my account will be payable in accordance with the Plan of Benefits then in effect.

If no Beneficiary is designated, accounts are payable at death to the first of the following classes of surviving persons, in equal shares: (1) Spouse; (2) child or children; (3) your estate.

NOTE: By law, your Spouse will be your Beneficiary unless your Spouse has completed and filed with the Fund Office a written waiver of his or her rights; this requirement may be modified if you are subject to the terms of a divorce decree. Percentages assigned below to your designated Beneficiary(s) must total 100%.

Beneficiary Name	Relationship	SSN	Date of Birth	% Payable
Contingent Beneficiary Name	Relationship	SSN	Date of Birth	% Payable

The execution of this form and its delivery to the Plan Administrator revokes all prior designations of beneficiaries that I have made.

SIGNATURE OF PARTICIPANT (REQUIRED)

DATE

The following Affidavit must be completed if you are married and want to name someone in addition to, or other than, your Spouse as Beneficiary(s).

I, _____, hereby state that I am the Spouse of _____, who is a participant in the Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan. I understand that I am entitled to the benefits accruing to the participant as his/her Spouse in the event of his/her death, and with full knowledge thereof, I unconditionally waive my rights thereto in favor of the Beneficiary(s) set forth above. I intend for this to be a legally binding and enforceable waiver of any right which I might possess as a Beneficiary under the Plan.

SIGNATURE OF PARTICIPANT'S SPOUSE

DATE

Subscribed and sworn to before me
this _____ day of _____, 20____
in _____, _____

Notary Public, State of: _____
County of: _____
My Commission Expires: _____