

PLUMBERS AND PIPEFITTERS LOCAL NO. 172 FRINGE BENEFIT FUNDS

Plumbers and Pipefitters Local 172 Welfare Fund
Plumbers and Pipefitters Local 172 Pension Fund
Plumbers and Pipefitters Local 172 Voluntary 401(k) Fund



Managed for the Trustees by
TIC International Corporation

LIFE INSURANCE BENEFICIARY DESIGNATION FORM

You may use this form to designate who will receive the Group Life Insurance Benefits from the Plumbers and Pipefitters Local No. 172 Welfare Fund in the event of your death.

The designations you make on this form replace any prior beneficiary designations.

Name _____
(Last) (First) (Middle Initial)

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____ Gender Male Female
(Month) (Day) (Year)

MARTIAL STATUS: Single Married Widowed Divorced Separated

BENEFICIARY DESIGNATION:

For primary beneficiaries, indicate who should receive the group life insurance proceeds in the event of your death.

For secondary beneficiaries (also known as contingent beneficiaries), indicate who should receive the group life insurance proceeds in the event that ALL of your primary beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, please use the back of this form.

You may designate more than one primary or secondary beneficiary. If you do, make sure to indicate the percentage share each beneficiary should receive. The total within each class (primary and secondary) **must equal 100%**. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

Primary Beneficiary(ies)	Social Security Number	Relationship to Employee	Percent Share of Proceeds
1. Name: _____	_____	_____	_____%
Address: _____			
2. Name: _____	_____	_____	_____%
Address: _____			

Secondary (Contingent) Beneficiary(ies)	Social Security Number	Relationship to Employee	Percent Share of Proceeds
1. Name: _____	_____	_____	_____%
Address: _____			
2. Name: _____	_____	_____	_____%
Address: _____			

Benefits will be paid pursuant to the terms of the combined Summary Plan Description and Plan Document ("SPD/Plan"). Please refer to your copy of the SPD/Plan for more information.

Signature: _____ Date: _____