



# Plumbers & Pipefitters Local 172 Pension Plan

6525 Centurion • Drive Lansing • MI • 48917

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

## Beneficiary Designation

(Please Print)

### INITIAL DESIGNATION

### CHANGE OF DESIGNATED BENEFICIARY

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:            Married            Single            Divorced            Widowed

### BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this Beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married. At that time, my Spouse will automatically become my Beneficiary. Finally, I understand that if I wish to name someone other than my Spouse as my Beneficiary, my Spouse must consent in writing using a form available at the Fund Office or Local Union Office.

I hereby state that I am **NOT** married and I hereby designate as my Beneficiary to receive any benefits that may be payable under the Pension Plan in the event of my death to the following individual:

### PENSION FUND DEATH BENEFIT BENEFICIARY:

Beneficiary's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THIS FORM TO:**  
6525 Centurion Drive • Lansing, MI 48917-9275  
Phone (517) 321-7502 • Toll Free (833) 336-1392 • Fax (517) 321-7508