Plumbers & Pipefitters Local 553 401(k) and Supplemental Retirement Plan Beneficiary Form

| Name | | Social Security Number | |
|--|--|--|---|
| Designation of Beneficiary | , | | |
| Primary Beneficiary(ies): | | | |
| % Name | Date of Birth | Social Security Number | Relationship |
| | | | |
| | | | |
| Contingent Beneficiary(ies): | | | |
| % Name | Date of Birth | Social Security Number | Relationship |
| | | | |
| | | | |
| unless Participant designates a diff surviving Contingent Beneficiaries, If there is no named Beneficiar | erent division. If no P unless Participant des y when a Participar | rimary Beneficiary survives Participa ignates a different division. | among the surviving Primary Beneficiaries, and the benefit will be equally divided among lary shall be the Participant's surviving cicipant's estate. |
| Spousal Consent | | | |
| This Section is to be completed Beneficiary . | only if Participant is | s married and does not designa | ate his/her spouse as sole Primary |
| - | | | p any death benefit due to me by |
| | ce of a Beneficiary D | Designation Form. The remaining | the death benefit payable to a spouse death benefits, if any not payable to |
| | the Beneficiary s ent to the Benefic | | |
| Signature | of Spouse | | |
| _ | | notary public and made the el | ection as a voluntary act and deed. |
| | | , | Notary Seal (Required) |
| Signature | of Notary | Date | , |
| I reserve the right to change the be previous designation of beneficiary | | ime by giving notice to the Trustees ir | n writing. This designation revokes any |
| | | | |
| Participant Signature | Da | te Witne | ess Signature Date |