

Plumbers, Pipefitters & Mechanical Equipment Service
Local Union 392 Supplemental Retirement Plan

Beneficiary Election Form
INSTRUCTIONS

This new Plan is meant to be a part of your retirement planning. However, should you pass away prior to retirement, your account balance will be paid out to your beneficiary or beneficiaries. **If you are married, your spouse is automatically designated as the sole beneficiary of this account – a written designation is not necessary. However, if you are not married, you must designate one or more beneficiaries in writing.** Please note if you are married and wish to designate someone other than your spouse as beneficiary, you may do so in writing with your spouse's notarized consent.

On the back of this letter you will find a blank beneficiary form. See below for instructions:

- **If you are married** and wish to leave your spouse as sole beneficiary then *DO NOTHING*. There is no need for a written designation to be on file.
- **If you are married** and wish to designate someone *other than your spouse or in addition to your spouse* as beneficiary, then complete the enclosed form, keeping a copy for your records. Please ensure that your spouse's notarized signature is included.
- **If you are single**, you must complete this form and designate your primary and contingent beneficiaries. Keep a copy for your records.

Additional important information regarding this form:

- The “**primary**” beneficiary or beneficiaries, if alive when you pass away, will receive your account balance in the percentage amounts you designate on the form. If you elect more than one primary beneficiary, as long as at least one of them is alive when you pass away, that person will receive your account balance in whole (or it will be equally divided amongst the surviving primary beneficiaries).
- The “**contingent**” beneficiary or beneficiaries will only receive your account balance if all of the primary beneficiaries were deceased prior to your death.
- If percentages are not listed on the form, the account balance will be paid in equal shares to all beneficiaries.
- If your marital status changes for any reason, you must complete a new beneficiary form.
- It is extremely important that all information is complete on this form, especially your signature and the date.

If you have any questions regarding this form please contact the Fund Office at (513) 241-0444 or e-mail: fringes@local392fringefunds.com.

Plumbers, Pipefitters & Mechanical Equipment Service
Local Union 392 Supplemental Retirement Plan

Beneficiary Election Form

Member's Name _____ Last 4 Digits SSN _____

Address _____ Phone _____

Spouse's Name _____ Last 4 Digits SSN _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Plan. The completed form must be returned to the Fund Office.

Note: If you are legally married at the time of your death, Federal law and the Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse.

Beneficiary Designation

Primary Beneficiary _____ Percentage of benefit _____
SSN _____ Relationship _____
Address _____

Primary Beneficiary _____ Percentage of benefit _____
SSN _____ Relationship _____
Address _____

In the event your Primary Beneficiary(ies) pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary _____ Percentage of benefit _____
SSN _____ Relationship _____
Address _____

Contingent Beneficiary _____ Percentage of benefit _____
SSN _____ Relationship _____
Address _____

(Attach additional paper if necessary – please ensure that you indicate “primary” or “contingent” and percentage.)

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund Office and only if **received** prior to my death. Further, I understand that this designation shall be cancelled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature _____ Date _____

Spousal consent of alternate beneficiary designation as noted above:

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Plan. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse's
Signature _____ Date _____

Subscribed to and sworn
to before me, this ____ day of _____, 20 ____.
Notary Public Signature _____
County of _____ State of _____
My Commission expires: _____