

# Plumbers & Pipefitters Local #354

## HEALTH & WELFARE FUND

c/o BEACON ADMINISTRATORS &  
CONSULTANTS, INC.  
6500 Brooktree Road, Suite 205  
Wexford, PA 15090

Phone: (412) 481-1641 or (844) 746-9676  
Fax: (724) 799-2284

### DESIGNATION OF HEALTH & WELFARE BENEFICIARY

Pursuant to the provisions of the Health & Welfare Plan permitting the designation of a beneficiary of beneficiaries by a participant, I hereby designate the following person or persons as primary and contingent beneficiaries of my Health & Welfare Benefit under the Health & Welfare Plan payable by reason of my death:

#### PRIMARY BENEFICIARY (ies):

Include address, relationship, percentages & social security #'s

PRIMARY BENEFICIARY NAME (1)	RELATIONSHIP	SOCIAL SECURITY #	%
BENEFICIARY (1) ADDRESS			

PRIMARY BENEFICIARY NAME (2)	RELATIONSHIP	SOCIAL SECURITY #	%
BENEFICIARY (2) ADDRESS			

If additional beneficiaries please provide a separate sheet with Name, address, relationship, percentages & social security #'s

#### CONTINGENT BENEFICIARY (ies):

Include address, relationship, percentages & social security #'s

CONTINGENT BENEFICIARY NAME (1)	RELATIONSHIP	SOCIAL SECURITY #	%
CONTINGENT BENEFICIARY (1) ADDRESS			

CONTINGENT BENEFICIARY NAME (2)	RELATIONSHIP	SOCIAL SECURITY #	%
CONTINGENT BENEFICIARY (2) ADDRESS			

If additional contingent beneficiaries please provide a separate sheet with Name, address, relationship, percentages & social security #'s

**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.**

The Trustees will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustees will pay all amounts in accordance with an order of preference set forth in the Plan. I understand that if I have named more than one beneficiary in either category, they will receive equal shares unless I have indicated different percentages above.

\_\_\_\_\_  
Witness Signature (CANNOT be a beneficiary)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Participant (printed)

\_\_\_\_\_  
Social Security # of Participant

← See reverse side for PENSION beneficiary

# Plumbers & Pipefitters Local #354

## PENSION FUND

c/o BEACON ADMINISTRATORS &  
CONSULTANTS, INC.  
6500 Brooktree Road, Suite 205  
Wexford, PA 15090

Phone: (412) 481-1641 or (844) 746-9676  
Fax: (724) 799-2284

### DESIGNATION OF PENSION BENEFICIARY

Pursuant to the provisions of the Pension Plan permitting the designation of a beneficiary of beneficiaries by a participant, I hereby designate the following person or persons as primary and contingent beneficiaries of my accrued Pension Benefit under the Pension Plan payable by reason of my death:

**PRIMARY BENEFICIARY (ies):** Include address, relationship, percentages & social security #'s

PRIMARY BENEFICIARY NAME (1)	RELATIONSHIP	SOCIAL SECURITY #	%

BENEFICIARY (1) ADDRESS

PRIMARY BENEFICIARY NAME (2)	RELATIONSHIP	SOCIAL SECURITY #	%

BENEFICIARY (2) ADDRESS

\*If additional beneficiaries please provide a separate sheet with name, address, relationship, percentages & social security #'s

**CONTINGENT BENEFICIARY (ies):** Include address, relationship, percentages & social security #'s

CONTINGENT BENEFICIARY NAME	RELATIONSHIP	SOCIAL SECURITY #	%

CONTINGENT BENEFICIARY ADDRESS

\*If additional contingent beneficiaries please provide a separate sheet with name, address, relationship, percentages & social security #'s

**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.**

The Trustees will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustees will pay all amounts in accordance with an order of preference set forth in the Plan. I understand that if I have named more than one beneficiary in either category, they will receive equal shares unless I have indicated different percentages above.

Signature of Participant

Date

Name of Participant (printed)

Social Security # of Participant

Witness Signature (CANNOT be a beneficiary)

**SPOUSAL CONSENT TO DESIGNATION OF BENEFICIARY** (If you are married, your spouse must consent to your beneficiary designation)

Spouse's Signature

(sign in the presence of Notary Public)

Date

State of: \_\_\_\_\_ County of: \_\_\_\_\_. On \_\_\_\_\_, the above named spouse appeared before me and acknowledged that he/she signed this Spousal Consent to Designation of Beneficiary.

Notary Public: \_\_\_\_\_

[SEAL]

Commission Expires: \_\_\_\_\_

← See reverse side for H&W beneficiary