

BENEFICIARY DESIGNATION FORM

Mechanical Contractors – U.A. Local 119 Pension Plan

EMPLOYEE NAME (PLEASE PRINT ALL INFORMATION)				YOUR DATE OF BIRTH					
MAILING ADDRESS			CITY		STATE				
			ZIP		YOUR PHONE NUMBER				
YOUR SOCIAL SECURITY NUMBER		FILL IN ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		SPOUSE'S NAME		SPOUSE'S DATE OF BIRTH		SPOUSE'S SOCIAL SECURITY NUMBER	

In the event of your death prior to your retirement, the Pension Plan provides a death benefit under certain circumstances. For additional information, please refer to your Summary Plan Description. Please name the beneficiary to receive benefits in the event of your death prior to retirement. The beneficiary you name at this time supersedes any and all beneficiaries previously designated.

You may name your estate as your beneficiary. You may have more than one beneficiary in which case you must designate the amount or percent to be received by each beneficiary. In the case of multiple beneficiary designations it will be assumed that each beneficiary shares equally in the benefit unless you indicate otherwise. Understand that if you designate a dependent child who is a minor as beneficiary, that minor may not be eligible to receive a benefit until reaching the age of majority.

DEFINED BENEFIT – BENEFICIARY DESIGNATION

AMOUNT OR PERCENT OF BENEFIT TO BE PROVIDED TO THIS BENEFICIARY	BENEFICIARY'S NAME (PLEASE PRINT CLEARLY)	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH		
				MM	DD	YYYY

IF A BENEFICIARY'S ADDRESS AND PHONE NUMBER ARE DIFFERENT FROM YOUR OWN, PLEASE PROVIDE SUFFICIENT INFORMATION IN THE SPACE BELOW SO THAT THE BENEFICIARY MAY BE CONTACTED IN THE EVENT OF YOUR DEATH:

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414(K) LUMP-SUM DISTRIBUTION – BENEFICIARY DESIGNATION

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SIGNATURE _____

DATE SIGNED _____

PLEASE BE SURE TO SIGN AND DATE THIS FORM AND WHEN COMPLETE, RETURN THIS FORM TO THE PLAN MANAGER'S OFFICE.