P. O. Box 191030
Sacramento, CA 95819

U. A. LOCAL 447 PIPE TRADES TRUST FUNDS

BENEFICIARY DESIGNATION FORM

Please print or type

Phone 916-457-0821
Fax 916-457-8276

Employee Last Name | First Name | Middle Initial

Address Street | City | State | Zip Code

( ) (area code) Telephone Number | Social Security Number

DEPENDENTS : Name | Social Security Number | Birthdate

Spouse_____
Circle one
Daughter/Son_____

Daughter/Son_____

Daughter/Son_____

List additional dependents on a separate piece of paper if space provided is insufficient

BENEFICIARY - HEALTH PLAN (Life Insurance)

Name | Relationship | Social Security No. | Birthdate

Address Street | City | State | Zip Code | Telephone No.

BENEFICIARY – PENSION BENEFIT PLAN

Name | Relationship | Social Security No. | Birthdate

Address Street | City | State | Zip Code | Telephone No.

BENEFICIARY – DEFINED CONTRIBUTION PLAN

Name | Relationship | Social Security No. | Birthdate

Address Street | City | State | Zip Code | Telephone No.

EMPLOYEE SIGNATURE | DATE

Your spouse's NOTARIZED signature on the following consent is required ONLY if you name someone OTHER THAN YOUR SPOUSE as your BENEFICIARY.

SPOUSE CONSENT

I am the lawful spouse of the employee named above. I hereby consent to the beneficiary designation(s) above. I understand that by signing this consent, I am waiving my legal right to receive surviving spouse benefits from any plan named above for which the employee has named a beneficiary *other than myself.*

SPOUSE'S SIGNATURE (**MUST BE NOTARIZED**) | DATE