

# Plumbers and Pipefitters Local Union #94

## Fringe Benefit Funds

PAUL J. LAIR, Chairman  
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Kauffman Plumbing & Heating  
600 — 3rd Street SE  
Canton, Ohio 44702

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union retirement fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office. It is very important for you to keep your beneficiary form current, especially if your spouse dies, if you get divorced, if you get married, or if you remarry.

**PLEASE PRINT:**

NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

**BENEFICIARY(IES) DESIGNATION:**

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant must complete the Spousal Consent and Acknowledgement on the reverse side of this form. If you return this Beneficiary Form and elect a Primary Beneficiary other than your spouse without completing the Spousal Consent and Acknowledgment Form, the form will automatically be sent to you for completion by your spouse.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local retirement fund. I revoke all prior beneficiary designations, if any, made by me.

**PRIMARY BENEFICIARY:** NAME \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONTINGENT BENEFICIARY** If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Additional Contingent Beneficiaries may be listed on the reverse side)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE SPOUSAL CONSENT AND ACKNOWLEDGEMENT BELOW MUST BE COMPLETED IF SOME PERSON OTHER THAN THE PARTICIPANT'S SPOUSE IS DESIGNATED ON THE REVERSE SIDE OF THIS FORM AS A PRIMARY BENEFICIARY.

**SPOUSAL CONSENT AND ACKNOWLEDGEMENT**

I irrevocably hereby consent to the distribution of all or part of my spouse's vested interest under the above Plan to a beneficiary or beneficiaries, other than myself, as designated by my spouse on this form. I acknowledge that I understand the effect of such designation and of this consent thereto, namely that, in the event of my spouse's death, I will not be entitled to receive those amounts held under the Plan that are payable pursuant to the designation of this form to a beneficiary or beneficiaries other than myself and that I may not revoke this consent for any reason.

Spouse's Name (Print or Type)	Spouse's Signature	Date

The foregoing spousal consent was signed before me, this day of \_\_\_\_\_, 20\_\_\_\_.

Plan Representative

- or -

STATE OF

COUNTY OF

The foregoing spousal consent was signed before me, a Notary Public in and for said County and State, on the date entered below.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ My commission expires

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