

**PLUMBERS & PIPEFITTERS LOCAL #773 PENSION FUND DEATH BENEFIT
BENEFICIARY DESIGNATION FORM**

Participant Last Name		Participant First Name			Middle Initial
Home Address		City	State	Zip Code	County
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Participant Date of Birth	Participant Social Sec. Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		
Phone Number	Spouse's Full Name		Spouse's Date of Birth	Spouse's Social Security Number	
Beneficiary (Please Print) Last Name, First Name, Middle			Relationship	Is this a change? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Beneficiary's Home Address			Beneficiary's Date of Birth	Beneficiary's Social Security Number	
<i>NOTARIZED Signature of Participant</i>			Date Signed	Participant PRINT NAME	

** The right to change beneficiary is reserved **

In addition, I hereby designate the following person(s) as my contingent beneficiary(ies) in the event that my Beneficiary does not survive me.

CONTINGENT BENEFICIARY INFORMATION

Full Name	Relationship	Social Sec. Number	Date of Birth	Home Address

State of: _____

County of: _____ ss:

On the _____ day of _____ 20 _____, before me came to me known and known to be the person described and who executed the foregoing designation form and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public