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:** Social Security Number Birthdate Name Spouse Daughter Daughter 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 Zip Code Telephone No. City State **BENEFICIARY** – PENSION BENEFIT PLAN Name Relationship Social Security No. Birthdate Address Street City Zip Code Telephone No. State **BENEFICIARY** – DEFINED CONTRIBUTION PLAN Relationship Social Security No. Birthdate Name Zip Code Telephone No. Address Street City State **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.