

**U. A. LOCAL NO. 447 PIPE TRADES TRUST FUNDS**  
**BENEFICIARY DESIGNATION FORM**

<b>Employee Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
---------------------------	-------------------	-----------------------

<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
----------------	---------------	-------------	--------------	------------

<b>(Area code) Telephone Number</b>	<b>Social Security Number</b>
-------------------------------------	-------------------------------

<b>DEPENDENTS:</b>	<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>BIRTH DATE</b>
--------------------	-------------	-------------------------------	-------------------

Spouse \_\_\_\_\_

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)**

<b>Name</b>	<b>Relationship</b>	<b>Social Security No.</b>	<b>Birth Date</b>
-------------	---------------------	----------------------------	-------------------

<b>Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone No.</b>
-------------------------	-------------	--------------	-----------------	----------------------

**BENEFICIARY – PENSION BENEFIT PLAN**

<b>Name</b>	<b>Relationship</b>	<b>Social Security No.</b>	<b>Birth Date</b>
-------------	---------------------	----------------------------	-------------------

<b>Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone No</b>
-------------------------	-------------	--------------	-----------------	---------------------

**BENEFICIARY – DEFINED CONTRIBUTION PLAN**

<b>Name</b>	<b>Relationship</b>	<b>Social Security No.</b>	<b>Birth Date</b>
-------------	---------------------	----------------------------	-------------------

<b>Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Telephone No</b>
-------------------------	-------------	--------------	-----------------	---------------------

**EMPLOYEE SIGNATURE**

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 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**

**U.A. Local 447 Pipe Trades Trust Funds, P.O. Box 191030, Sacramento, CA 95819**  
**Phone: 916-457-0821 Fax: 916-457-8276 inquire@pipetradesbenefits.org**