# **PLUMBERS LOCAL UNION No.1** 401(k) SAVINGS PLAN Reep a copy for your records and send the original form to: Prudential, 30 Scranton Office Park, Scranton PA 18507-1789

# Beneficiary Designation Form 367 PLAN 920010 SUBPLAN 000001

-or- fax to (1-866-439-8602).

| (A) Member Information (PLEASE PRINT)   |   | Please print using blue or black ink.  |   |   |
|---|---|--|---|---|
|   |   |  |   |   |
| (1) Social Security Number  | (2) Last  | (3) First  |   | (4) Init.   |
| (5) Street  | (6) City  | (7) S  | State (8) Zip   |   |
| (9) Date of Birth   | (10) Sex M F  | (11) Home Phone Num  | nber / Cell Number  |   |
| (12) E-mail Address   |   | (16) Last di   | ate of Employment   |   |
| (B) Primary Beneficiary for Death Benefits for  |   |  |   | neneficiary(ies) to                                     |
| receive benefits, if any, payable at my death. (If y unless your spouse consents in writing to the de wish to name more beneficiaries (Note: Beneficiaries)   | you have been married for at le<br>esignation of a different benefic  | east one year, your primary b<br>ciary(ies) in section "D" below   | peneficiary is automatic<br>w. You may attach a se  | cally your spouse,                                      |
| Name(s) of Primary Beneficiary(ies)  Last First Init.   | Percentage (0% to 100%)   | Date of Birth  | Social Security<br>Number   | Relationship to member                                  |
| (1)   |   |  |   |   |
| (1a) Address  |   |  |   |   |
| (2)   |   |  |   |   |
| (2a) Address  |   |  |   |   |
| (C)Contingent Beneficiary for the 401 (k) Sa  | vings Plan: I hereby design:  | ate the following person(s) t  | o be my Contingent E  |   |
| receive any benefits that become due as a result  |   |  | ) the above named bei   | neficiary(ies).   |
| Name(s) of Contingent Beneficiary   | r of my death or which remain p   |  | Social Security Number  | Relationship to member                                  |
| Name(s) of Contingent Beneficiary   | of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.   | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)   | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)  (2a) Address   | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)  (2a) Address  (3)  | r of my death or which remain p   | payable after the death of (all  | Social Security   | Relationship  |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)  (2a) Address  (3)  (3a) Address  (4)  (4a) Address   | Percentage (0% to 100%)   | Date of Birth  | Social Security<br>Number   | Relationship<br>to member                               |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)  (2a) Address  (3)  (3a) Address  (4)  (4a) Address  (D) Spousal Consent-this section is to be cor spouse. I understand that by signing this form that the above beneficiary(ies). I am signing this conseponentit payable under the Plan as a result of my spouse.   | mpleted by your spouse if y at I am waiving rights as benefent voluntarily. I further underst pouse's death.  | Date of Birth  Date of Birth  Tou are married and the priciary of any payments due fixed that if I do not sign this contact that I do not sign this I do not sign th | imary beneficiary is a from the plan and that consent, I will be entitle                        | Relationship to member  not solely your I am consenting |
| Name(s) of Contingent Beneficiary  Last First  (1)  (1a) Address  (2)  (2a) Address  (3)  (3a) Address  (4)  (4a) Address  (D) Spousal Consent-this section is to be corspouse. I understand that by signing this form that the above beneficiary(ies). I am signing this consebenefit payable under the Plan as a result of my spouse's Signature  | mpleted by your spouse if y at I am waiving rights as benefant voluntarily. I further underst pouse's death.  | Date of Birth  Date of Birth  Tou are married and the prificiary of any payments due fand that if I do not sign this coness (Plan Representative or Not  | imary beneficiary is a from the plan and that consent, I will be entitle                        | Relationship to member  not solely your I am consenting |
| Name(s) of Contingent Beneficiary  Last First Init.  (1)  (1a) Address  (2)  (2a) Address  (3)  (3a) Address  (4)  (4a) Address  (D) Spousal Consent-this section is to be cor spouse. I understand that by signing this form that the above beneficiary(ies). I am signing this conse benefit payable under the Plan as a result of my spouse's Signature  (E) Authorization: For a complete description of                                    | mpleted by your spouse if y at I am waiving rights as benefent voluntarily. I further underst pouse's death.  Date With 100%)  Percentage (0% to 100%)  mpleted by your spouse if y at I am waiving rights as benefent voluntarily. I further underst pouse's death.  | Date of Birth  Date of Birth  Tou are married and the priciary of any payments due finand that if I do not sign this conness (Plan Representative or Not lan Description (SPD) or call   | imary beneficiary is a from the plan and that consent, I will be entitle                        | Relationship to member  not solely your I am consenting |
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### INFORMATION FOR BENEFICIARY DESIGNATION FORM

#### Instructions

- 1. Print clearly with a ballpoint pen. If you make an error, make the necessary correction by lining through the error and initialing the change. *No erasures or correction fluid will be accepted.*
- 2. Enter on the form the full name of your beneficiaries, percentage, date of birth, social security number (if known), relationship and the complete address for each. (if the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "contingent" beneficiaries. You must sign, date, and confirm your marital status under Section "E".
- 3. If a (%) is entered make sure the total equals 100%.
- 4. If you are married and your spouse is not your primary beneficiary. Your spouse must sign Spousal Consent Section "D".
- 5. Mail the completed form to the Fund's Recordkeeper at the address shown above.
- After the Fund's Recordkeeper receives and reviews form your designated Beneficiaries will be recorded and listed on your quarterly statements. You may also view your Beneficiaries by logging on to your individual account at UA1.retirepru.com.

#### If you die, who receives your 401(k) Savings Plan Benefits?

Normally, your account balance will be paid in a lump sum to your designated beneficiary if you die before your account is distributed. If your designated beneficiary is your spouse, however, and your account is greater than \$5,000, your Spouse may defer the lump-sum death benefit payment to a future date, but not later than the April 1 of the calendar year immediately following the calendar year in which you would have reached age 70½. If you elected to take your distribution in equal payments and those payments have not been completed when you die, those payments will continue to be made to your beneficiary.

The Death Benefit is paid based on the last Beneficiary designation on file and currently in good order upon your death.

If your Beneficiary should die while receiving benefits and further payments are due for periods after death, such payments shall be made to your Beneficiaries designated Beneficiary(ies).

If Death Benefits are paid to a minor, the Fund may pay the benefits due to the minor to the person having present custody or care of the minor and with whom the minor resides. The recipient on behalf of the minor must agree in writing to apply the payments solely for the minor's support and must comply with any other conditions established by the Trustees. The Trustees may also make payment to a minor by depositing the amount in an insured bank account for the minor and giving notice to the minor.

# **Designating A Beneficiary**

You may designate one or more beneficiaries on the "Beneficiary Form" provided by Prudential, by speaking with a live Prudential representative at 866-78-2100, or online by logging into your account at UA!.retirepru.com. If you are married for at least one year, you must designate your Spouse as your sole beneficiary unless your Spouse consents in writing to the election of another beneficiary. You may change your beneficiary at any time by filing with the Fund Office a written change of beneficiary, with the consent of your Spouse, where necessary. A designation of beneficiary will become effective only upon its receipt by the Fund Office. The last effective designation received by the Plan prior to your death will supersede all prior designations. A designation of beneficiary will not be effective if the designated beneficiary dies before you.

## If There Is No Beneficiary

If you fail to designate a beneficiary or if all designated Beneficiaries die or are invalidated and you die without having received the distribution of your account balance, the account balance will be distributed in the following order:

- (1) your surviving spouse (or the surviving spouse of your Beneficiary if your Beneficiary is receiving benefits);
- (2) your children (or the children of your Beneficiary if your Beneficiary is receiving benefits);
- (3) your parents (or the parents of your Beneficiary if your Beneficiary is receiving benefits);
- (4) your brothers and sisters (or the brothers and sisters of your Beneficiary);
- (5) or the personal representative of your estate, or your Beneficiary's estate if your Beneficiary is receiving benefits.

If there is more than one individual in a category stated above, the benefit will be divided equally among them unless you state otherwise in your beneficiary designation.