

Beneficiary Designation Form (W) (WASB)

Welfare Fund

PLUMBERS LOCAL UNION No.1 WELFARE FUND

50-02 5th Street, Long Island City, New York, 11101
Tel. (718) 835-2700

(A) Member Information

Use a ballpoint pen to complete form

(1) Social Security Number	(2) Last	(3) First	(4) Init.
(5) Street	(6) City	(7) State	(8) Zip
(9) Date of Birth	(10) Sex M F	(11) Home Phone Number / Cell Number	
(12) E-mail Address		(16) Emergency Contact Phone Number / Cell Number	
(13) Retired	(14) Active	(15) Emergency Contact	

(B) Primary Beneficiary for Death Benefits for the Welfare Fund Life Insurance and Additional Security Benefit Account: I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. You may attach a second form if you wish to name more beneficiaries. **(Note: Beneficiary percentage may be split, but must total 100 percent).**

Name(s) of Primary Beneficiary(ies)	Percentage	Date of Birth	Social Security Number	Relationship to member
Last First Init.	(0% to 100%)			
(1)				
(1a) Address				
(2)				
(2a) Address				

(C) Contingent Beneficiary for Death Benefits for the Welfare Fund Life Insurance and Additional Security Benefit Account: If all of the above Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies). **(Note: Beneficiary percentage may be split, but must total 100 percent).**

Name(s) of Contingent Beneficiary	Percentage	Date of Birth	Social Security Number	Relationship to member
Last First Init.	(0% to 100%)			
(1)				
(1a) Address				
(2)				
(2a) Address				
(3)				
(3a) Address				
(4)				
(4a) Address				

(D) Authorization: You may amend or revoke your designation at any time by filing another form.

Members Signature: _____ **Date:** _____

I understand that distribution of benefits to my designated beneficiary(ies) shall be made in accordance with the terms of the Plan. I also understand that this beneficiary form supersedes any beneficiary designation currently in effect.

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 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: your surviving spouse (or the surviving spouse of your Beneficiary if your Beneficiary is receiving benefits); your children (or the children of your Beneficiary if your Beneficiary is receiving benefits); your parents (or the parents of your Beneficiary if your Beneficiary is receiving benefits); your brothers and sisters (or the brothers and sisters of your Beneficiary); 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, the benefit will be divided equally among them unless you state otherwise in your beneficiary designation.

NOTE: PLEASE MAKE A COPY OF THE FORM FOR YOUR PERSONAL RECORDS.

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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, under Section "D".
3. If a Percentage (%) is entered make sure the total equals 100%.
4. Mail the completed form to the Fund Office at the address shown above.
5. After the Fund Office receives and reviews the form your designated Beneficiaries will be recorded

If you die, who receives your Additional Security Benefit Fund Death Benefits, Vacation and Holiday Fund Death Benefits, and Welfare Fund Life Insurance Benefits?

Normally, your account balance will be paid in a lump sum to your designated beneficiary if you die before your account is distributed.

The Death Benefit is paid based on the last Beneficiary designation received in the Fund Office before your death (or before the death of your Beneficiary if your Beneficiary is receiving benefits). If more than one Beneficiary is designated, they will share equally unless you specify otherwise.

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 Designation Form" provided by the Fund. You may change your beneficiary at any time by filing with the Fund Office a written change of beneficiary. 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 if your Beneficiary is receiving benefits);
- (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.

Do I need to complete a separate Beneficiary Designation Form for the Plumbers Local Union No. 1 Employee 401(k) Savings Plan and United Association National Pension Fund (UANPF)? Yes, below find the related contact information.

Log in to your account with Empower @ UA1.empower.com to check if your beneficiary information is correct. You can also call Empower at (877) 778 - 2100

Log in to your account with UANPF at ppnrf.org to check that your beneficiary information is correct. You can also call UANPF at (800) 638-7442.