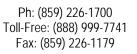
PLUMBERS AND STEAMFITTERS LOCAL NO. 452 PENSION TRUST FUND

333 West Vine Street, Suite 500 Lexington, KY 40507





BENEFICIARY ELECTION FORM PRE-RETIREMENT OR POST-RETIREMENT DEATH BENEFIT

SECTION I - G	ENERAL INFORMATION						
EMPLOYEE NAME							
EMPLOYEE NAME:	Last Name	First Name		Middle Initial			
ADDRESS:	Street	City		Zip Code			
	Silect	City		Zip Code			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH	DATE OF BIRTH:				
TELEPHONE:							
TELET HONE.	Work	Home	Cell				
SECTION II - E	BENEFICIARY DESIGNATION	(S)					
Please note if I am a vested participant in the Plumbers and Steamfitters Local No. 452 Pension Plan, and if I have 10 years of Continuous Service in the Plan immediately prior to my death, and I die prior to receiving any Normal or Early Retirement Benefit payments, I designate my named beneficiary(s) to receive a Pre-Retirement Death Benefit equal to 100% of the Employer Contributions* made on my behalf. If I die after receiving some Normal or Early Retirement Benefit and I selected a retirement benefit option other than a Joint & Survivor Benefit, I designate my named beneficiary(s) to receive a Post-Retirement Death Benefit if the total of my retirement benefits received prior to my death are less than the total Employer Contributions* made on my behalf. The Post-Retirement Death Benefit will be the difference between the benefits paid to me prior to my death and the total Employer Contributions paid on my behalf.							
*Employer Contributions shall not include any contributions made preceding Forfeited Service.							
You can choose a primary beneficiary who will receive all proceeds of your Pre-Retirement or Post-Retirement Death Benefit. You may also wish to designate a contingent beneficiary in the event your primary beneficiary is also deceased at the time of your death. Or you may name two or more co-beneficiaries who will share your Pre-Retirement or Post-Retirement Death Benefit.							
A participant may name any person as his or her beneficiary; provided, however, the designation of a beneficiary other than the spouse of the participant shall require execution of the spousal consent form set forth below.							
NAME OF BENEFICIAR\ Beneficiary, please indic benefit to be paid to each	ate % of total beneficiary.						
CHECK ONE:	Last Nam	ne F	irst Name	Middle Initial			
☐ Primary	RELATIONSHIP TO EMPLOYEE:		% OF BENEFIT:	%			
☐ Contingent	RELATIONSHIP TO EMPLOYEE:		% of Benefit:	%			
☐ Co-Beneficiary	RELATIONSHIP TO EMPLOYEE:		% OF BENEFIT:	%			
ADDDECC.							
ADDRESS:	Street	City		Zip Code			
Signature of Employee:		Date Signed:	:				

PLEASE RETURN THIS FORM TO: ATTN: Taft-Hartley Eligibility Department

Plumbers and Steamfitters Local No. 452 Pension Trust Fund

333 West Vine Street, Suite 500

Lexington, KY 40507

BENEFICIARY ELECTION FORM - CONTINUED PRE-RETIREMENT OR POST-RETIREMENT DEATH BENEFIT

Beneficiary, plea	FICIARY: Note: If Co- ase indicate % of total If to each beneficiary.					
CHECK ONE:		Last Name	First Name	Middle Initial		
☐ Primary	RELATIONSHIP TO EMPLOYEE:		% OF BENEFIT:	%		
☐ Contingent	RELATIONSHIP TO EMPLOYEE:					
☐ Co-Beneficia			% OF BENEFIT:			
ADDRESS:	Street					
	Street		City	Zip Code		
Beneficiary, plea	FICIARY: Note: If Co- ase indicate % of total If to each beneficiary.					
CHECK ONE:		Last Name	First Name	Middle Initial		
☐ Primary	RELATIONSHIP TO EMPLOYEE:		% OF BENEFIT:	%		
☐ Contingent			% OF BENEFIT:			
Co-Beneficia			% OF BENEFIT:			
ADDRESS:	Street		City	7in Codo		
	Street		City	Zip Code		
by signing this "Waiver of Spousal Pre-Retirement or Post-Retirement Death Benefit." Your spouse must consent to this waiver. Both signatures must be notarized. It is important that you understand your rights and obligations regarding this Pre-Retirement or Post-Retirement Death Benefit. Please contact the Fund Office if you have any questions. Participant: As a vested participant in the Pension Trust Fund, I hereby acknowledge that: (1) I have been informed by the Trust Fund of the terms and conditions of the Pre-Retirement or Post Retirement Death Benefit Beneficiary designation; (2) of my right to make and the effect of making an election to waive my spouse's right to a Pre-Retirement or Post Retirement Death Benefit (3) the right of my spouse to consent to any such wavier; and (4) of my right to revoke an election to waive the spousal Pre-Retirement or Post Retirement Death Benefit designation prior to my date of death. By my signature below, I hereby waive the spousal right to a Pre-Retirement Death Benefit if I die after receiving some Normal or Early Retirement Benefit payments. The Pre-Retirement Death Benefit requires 10 years of Continuous Service in the Plan and is a benefit equal to 100% of the Employer Contributions made on my behalf. Employer Contributions shall not include any contributions made preceding Forfeited Service. The Post-Retirement Death Benefit will be paid to my Beneficiary(s) if the total of my retirement benefits received prior to my death are less than the total Employer Contributions made on my behalf. The Post-Retirement Death Benefit will be the difference between the benefits paid to me prior to my death and the total Employer Contributions paid on my behalf.						
Participant's Sign	nature:		Date Signed:			
State of		County of				
Sworn	to and subscribed before me this	day of	, 20 Witness my hand and official seal:			
(Seal)		Notary Public:				
(Seal)	eal) My Commission Expires:					
Spouse: I am the lawfully married spouse of the participant whose signature appears on this form. By my signature below, I hereby consent to the election by my spouse to waive my right to a Pre-Retirement or Post Retirement Death Benefit from the Plumbers and Steamfitters Local No. 452 Pension Trust Fund. I understand: (1) that the effect of my consent will be to forfeit any benefit that I am entitled to receive upon my spouse's death under the Pre-Retirement or Post-Retirement Death Benefit, were I to survive my spouse; (2) that my spouse's Waiver of the Pre-Retirement or Post-Retirement Death Benefit is not valid unless I consent to it: (3) that my consent is irrevocable; and (4) as a result of this waiver, my spouse may designate that his Pre-Retirement or Post Retirement Death Benefit be paid to his named Beneficiary(s).						
By my signature be	low, I hereby waive my right to the Pre-Retirement or Po	ost Retirement Death Benefit.				
Spouse's Signatu	ıre:		Date Signed:			
State of						
	to and subscribed before me this					
(Seal)			xpires:			