

PLUMBERS AND STEAMFITTERS LOCAL NO. 452
PENSION TRUST FUND
333 West Vine Street, Suite 500
Lexington, KY 40507

Ph: (859) 226-1700
Toll-Free: (888) 999-7741
Fax: (859) 226-1179



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

SECTION I – GENERAL INFORMATION

EMPLOYEE NAME:	_____	_____	_____
	Last Name	First Name	Middle Initial
ADDRESS:	_____	_____	_____
	Street	City	Zip Code
SOCIAL SECURITY NUMBER:	_____	DATE OF BIRTH:	_____
TELEPHONE:	_____	_____	_____
	Work	Home	Cell

SECTION II – 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 BENEFICIARY: Note: If Co-Beneficiary, please indicate % of total benefit to be paid to each beneficiary.	_____	_____	_____
	Last Name	First Name	Middle Initial
CHECK ONE:			
<input type="checkbox"/> Primary	RELATIONSHIP TO EMPLOYEE: _____	% OF BENEFIT: _____	%
<input type="checkbox"/> Contingent	RELATIONSHIP TO EMPLOYEE: _____	% OF BENEFIT: _____	%
<input type="checkbox"/> Co-Beneficiary	RELATIONSHIP TO EMPLOYEE: _____	% OF BENEFIT: _____	%
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 DESIGNATION(S) – CONTINUED ON BACK

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

NAME OF BENEFICIARY: *Note: If Co-Beneficiary, please indicate % of total benefit to be paid to each beneficiary.* _____

Last Name First Name Middle Initial

CHECK ONE:

Primary **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

Contingent **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

Co-Beneficiary **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

ADDRESS: _____

Street City Zip Code

NAME OF BENEFICIARY: *Note: If Co-Beneficiary, please indicate % of total benefit to be paid to each beneficiary.* _____

Last Name First Name Middle Initial

CHECK ONE:

Primary **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

Contingent **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

Co-Beneficiary **RELATIONSHIP TO EMPLOYEE:** _____ **% OF BENEFIT:** _____ %

ADDRESS: _____

Street City Zip Code

If you are married and you wish to designate someone other than your spouse as a beneficiary to receive any portion of your Pre-Retirement or Post-Retirement Death Benefit, you may do so 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 should die prior to receiving any Normal or Early Retirement Benefit payments, and/or the spousal right to a Post-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 Signature: _____ Date Signed: _____

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____. Witness my hand and official seal:

Notary Public: _____

(Seal)

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 below, I hereby waive my right to the Pre-Retirement or Post Retirement Death Benefit.

Spouse's Signature: _____ Date Signed: _____

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____. Witness my hand and official seal:

Notary Public: _____

(Seal)

My Commission Expires: _____