DESIGNATION OF BENEFICIARY

WASHINGTON STATE PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN

11724 Northeast 195th Street, Suite 300, Bothell, WA 98011-3145

Toll Free 1-888-406-3246 / Phone (206) 352-9728 option 3 / Fax (206) 298-3422

Participant Last Name | First Name | Middle Name

Street Address | City | State | Zip

Social Security Number | Date of Birth | Home Phone | Cell Phone

32
Union Local | Email Address

MARITAL STATUS: ☐ Married ☐ Widow(er) ☐ Divorced ☐ Single

Current Spouse: Last Name First Name Middle Name

Current Spouse Social Security Number | Current Spouse Date of Birth

If a Participant is married at the time of making a Beneficiary designation and designates someone other than a spouse, then your spouse's written notarized consent is required on the back of this form.

- Have you ever been divorced? ☐ Yes ☐ No IF YES, please provide a copy of the DIVORCE DECREE.
- If you have been divorced, is there a DOMESTIC RELATIONS ORDER/PROPERTY SETTLEMENT in effect awarding a portion of your possible pension benefits to yourformer spouse? ☐ Yes ☐ No IF YES, please provide a copy of the QDRO / ORDER.

PRIMARY BENEFICIARY DESIGNATION:

I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, at the time of my death.
If any named beneficiary doesn't survive me, their percentage should be divided between the remaining named survivors.

% of Benefit to be Paid
(total must equal 100%)

1. Last Name First Name M.I. Social Security Number _____%
   Relationship to you Complete Mailing Address

2. Last Name First Name M.I. Social Security Number _____%
   Relationship to you Complete Mailing Address

3. Last Name First Name M.I. Social Security Number _____%
   Relationship to you Complete Mailing Address

I understand that I may change the beneficiary designations indicated on this form at any time by completing and filing a new Designation of Beneficiary Form with the Pension Plan Office.

CONTINUED ON NEXT PAGE

CONTINGENT BENEFICIARY DESIGNATION:

In the event ALL of the above-named Primary Beneficiary(ies) do not survive me, I designate the following Contingent Beneficiary(ies) to receive benefits, if any, at my death:

% of Benefit to be Paid
(total must equal 100%)

1. _____ _____ _____ _____ _____%
   Last Name First Name M.I. Social Security Number

   _____ _____
   Relationship to you Complete Mailing Address

2. _____ _____ _____ _____ _____%
   Last Name First Name M.I. Social Security Number

   _____ _____
   Relationship to you Complete Mailing Address

3. _____ _____ _____ _____ _____%
   Last Name First Name M.I. Social Security Number

   _____ _____
   Relationship to you Complete Mailing Address

I certify that I hereby revoke all former beneficiary designations, if any, and name the above as beneficiary(ies) for any death benefits payable under the Washington State Plumbing & Pipefitting Industry Pension Plan.

PARTICIPANT SIGNATURE **Date**

Waiving the Spousal Pre-Retirement Death Benefit

If a Participant is Vested and dies before retirement benefits commence, then their spouse shall be eligible for a Pre-Retirement Annuity Benefit as follows:

Death of a Participant before Reaching Age 55
The spouse will receive a benefit equal to the amount that would have been payable if the Participant had retired at age 55 and elected a 100% joint and survivor annuity. That monthly benefit shall begin to be paid at the date the Participant would have reached 55 years of age.

Death of a Participant at or after Age 55
The spouse will receive a benefit equal to the amount that would have been payable if the Participant had retired on the first day of the month following the month in which they died with a 100% joint and survivor annuity.
Other benefits may apply. See Section 7 of the Plan Document.

Spousal Waiver – Spouse MUST Sign Waiver and Have Signature Notarized Below

- I am the spouse of the Participant and I understand the spousal death benefit to which I am entitled under the Plan. I understand the full impact of my spouse waiving this spousal death benefit, and I voluntarily consent to this waiver.
- I further understand that all or part of my spouse's death benefit will be paid the beneficiary(ies) other than myself as specified on this form. I hereby consent to the designation of the Primary and Contingent Beneficiary(ies) named on this form.
- I understand that the effect of my consent is to waive my rights to a death benefit under the Plan.
- I further understand that my consent is irrevocable, unless my spouse changes any Beneficiary designation, in which case my consent is again required.

_____ _____
Spouse's Signature **Date**

NOTARIZED SPOUSAL WAIVER

SUBSCRIBED AND
SWORN to before me this_____day of_____, 20___

_____
(Notary Signature)

NOTARY PUBLIC in and for the State of _____
Residing at _____
Commission Expires: _____