

Plumbers and Pipefitters Local 219

Pension Fund

Board of Trustees
Labor

33 Fitch Boulevard
Austintown, Ohio 44515

Telephone (330) 270-0453
Ohio Statewide 1-800-435-2388

Board of Trustees
Management

Kevin Daley
Al Jenkins
James Swenberg

Stan Bassak, Jr.
John Kerr
Brian Scherer



Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union pension fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office. It is very important for you to keep your beneficiary form current, especially if your spouse dies, if you get divorced, if you get married, or if you remarry.

PLEASE PRINT:

NAME _____ SOC. SEC.# _____

ADDRESS _____

ZIP CODE _____ HOME PHONE: () _____ BIRTH DATE _____

MALE _____ FEMALE _____ MARRIED _____ SINGLE _____

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant should contact the Fund Office at the phone number listed above to request the Spousal Consent and Acknowledgment Form. If you return this Beneficiary Form and elect a Primary Beneficiary other than your spouse without completing the Spousal Consent and Acknowledgment Form, the form will automatically be sent to you for completion by your spouse.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local pension fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME _____

SOC. SEC.# _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE ____ / ____ / ____

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME _____ SSN# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RELATIONSHIP _____ BIRTHDATE ____ / ____ / ____

(Additional Contingent Beneficiaries may be listed on the reverse side)

Signature

Date