

ANNUITY PLAN DEATH BENEFIT BENEFICIARY DESIGNATION

I hereby designate the following person as the Beneficiary of my Death Benefit under the Plumbers & Pipefitters Local 773 Annuity Plan. [If the person designated is not my spouse, I certify that I am unmarried or that my spouse has waived his/her right to be Beneficiary in a manner acceptable to the Annuity Plan Trustees.]

LAST NAME		FIRST NAME			MIDDLE INITIAL
HOME ADDRESS		CITY	STATE	ZIP CODE	COUNTY
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo. Day Yr.	SOC. SECURITY NUMBER		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
PHONE NUMBER	SPOUSE's NAME	SPOUSE's DATE OF BIRTH Mo. Day Yr.		SPOUSE's SOC. SEC. NO.	
BENEFICIARY (PLEASE PRINT)- Give First Name, Middle Initial, Last Name <small>THE RIGHT TO CHANGE BENEFICIARY IS RESERVED.</small>			RELATIONSHIP*	IS THIS A CHANGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF PARTICIPANT		DATE SIGNED	PARTICIPANT NAME (PLEASE PRINT)		
*ADDRESS IF NO RELATIONSHIP:					

In addition, I hereby designate the following person(s) as my Contingent Beneficiary(s) in the event my Beneficiary does not survive me.

NAME	RELATIONSHIP	ADDRESS

State of _____

County of _____ ss.:

On the _____ day of _____, 20____, before me came to me known and known to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

**ANNUITY PLAN
EMPLOYEE'S STATEMENT**

I, _____, wish to have my Annuity Death Benefit paid to a beneficiary other than my spouse.

- I am married. I hereby swear that the person co-signing this document below for the purpose of waiving his/her entitlement to receive payment of my Annuity Death Benefit is my current and legal spouse. My spouse's name is _____ and Social Security Number is _____.
- I hereby swear that I am not legally married at this time.
- I was previously married but the marriage ended. My spouse's name was _____. The marriage ended by; (check one)
 - death of spouse
 - divorce
 - other _____
(specify reason)

If you had more than one marriage that ended, provide the requested information for each of your marriages.

(Date) (Participant Signature)

SPOUSE'S WAIVER

I, _____, swear that I am the legal spouse of the Plan Participant described on the attached Statement. I hereby waive my entitlement to receive any Annuity Death Benefit that is payable upon his/her death. I understand that as a result of this Waiver, I will not receive any Death Benefit upon my Spouse's death unless my spouse has designated me as the beneficiary of that Death Benefit on forms provided by the Annuity Plan for that purpose.

(Spouse's Name, Print) (Spouse's Name, Signature) (Date)

State of _____

County of _____ ss.:

On the _____ day of _____, 20_____, before me came to me known and known to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public