

# BENEFICIARY DESIGNATION FORM

## Tuscaloosa Plumbers & Steamfitters Local 372

### Pension Plan – Pre-Retirement Death Benefit

EMPLOYEE NAME (PLEASE PRINT ALL INFORMATION)		YOUR DATE OF BIRTH	
MAILING ADDRESS		CITY	STATE
		ZIP	YOUR PHONE NUMBER
FILL IN ONE: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	SPOUSE'S NAME	SPOUSE'S DATE OF BIRTH	SPOUSE'S SOCIAL SECURITY NUMBER

In the event of your death prior to your retirement, the Pension Plan provides a death benefit under certain circumstances. Please refer to your Summary Plan Description booklet for additional information. Please name the beneficiary to receive benefits in the event of your death prior to retirement. The beneficiary you name supersedes any and all beneficiaries previously designated.

The Pension Plan provides a pre-retirement death benefit to your eligible spouse. If you divorce, that beneficiary designation is cancelled, and you will need to make a new beneficiary designation. If you are not married, you can name any beneficiary. You may name your estate as your beneficiary. You may have more than one beneficiary in which case you must designate the amount or percent to be received by each beneficiary. In the case of multiple beneficiary designations, it will be assumed that each beneficiary shares equally in the benefit unless you indicate otherwise. Understand that if you designate a dependent child who is a minor as beneficiary, that minor may not be eligible to receive a benefit until reaching the age of majority.

#### PENSION PLAN DEFINED BENEFIT – BENEFICIARY DESIGNATION

PERCENT OF BENEFIT TO BE PROVIDED TO THIS BENEFICIARY	BENEFICIARY'S NAME (PLEASE PRINT CLEARLY)	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH		
				MM	DD	YYYY

IF A BENEFICIARY'S ADDRESS AND PHONE NUMBER ARE DIFFERENT FROM YOUR OWN, PLEASE PROVIDE SUFFICIENT INFORMATION IN THE SPACE BELOW SO THAT THE BENEFICIARY MAY BE CONTACTED IN THE EVENT OF YOUR DEATH:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

PLEASE BE SURE TO SIGN AND DATE THIS FORM AND WHEN COMPLETE, RETURN THIS FORM TO THE PLAN MANAGER'S OFFICE.

**RETURN THIS FORM TO THE Plan Manager:**  
Alabama Administrators – 1717 Old Shell Road – Mobile, AL 36604  
Phone (251) 478-5412

**PLEASE COMPLETE THE LIFE INSURANCE BENEFICIARY DESIGNATION ON THE REVERSE →**