

Pipe Trades Pension of Montana

Beneficiary Designation Form

Pipe Trades of Montana
 PO Box 5433 ~ Spokane, WA 99205 ~ pipetradespension@rehnonline.com

Please complete the following information and return to the Trust Office at the address listed above.

Section 1 - Participant Information

Check One: New Beneficiary Designation Change in Prior Designation

First Name	MI	Last Name	SSN

Mailing Address	City	State	Zip
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NOTE: If you choose to name more than two Primary and/or Contingent Beneficiaries, please attach a separate sheet of paper with your additional designations. You must also sign and date that additional sheet of paper. If you are married and designate someone other than your spouse and/or additional Primary Beneficiaries, you must obtain your spouse's written and notarized consent.

Section 2 - Primary Beneficiary Designation

Choosing a beneficiary is important. You may assign a single Primary Beneficiary, or select two or more.

Marital Status: Single Married

If I am married and have not designated my spouse as my sole Primary Beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Trust Office in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages must add up to 100%. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my Primary Beneficiary(ies) who survive me. If a percentage is indicated and a Primary Beneficiary(ies) does not survive me, the percentages of that beneficiary's share shall be divided among the surviving Primary Beneficiary(ies) in proportion to the percentage shown for such beneficiary(ies) below.

		<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Beneficiary Name	Date of Birth	Sex	Social Security Number
Beneficiary Address	Relationship to You		Benefit %

		<input type="checkbox"/> M <input type="checkbox"/> F	
Primary Beneficiary Name	Date of Birth	Sex	Social Security Number
Beneficiary Address	Relationship to You		Benefit %

Spousal Consent:

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any Primary Beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

[Seal of Notary Public]

 Your Spouse's Signature

 Date

 Witnessed by Notary Public

 Date Commission Expires

State of _____, County of _____, ss. On this
 _____ day of _____, 20_____, before me personally appeared

_____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

**** Please be sure to complete the information on the back and sign the form ****

Section 3 – Contingent Beneficiary Designation

Designating a Contingent Beneficiary ensured distribution in accordance with your wishes in the event that none of your Primary Beneficiaries survive you.

If no Primary Beneficiary listed in Section 2 above survives me, I hereby designate as my beneficiary the person(s) listed below who survive me. I understand that if I designate more than one beneficiary below, the percentages must add up to 100%. Payment to Contingent Beneficiaries will be made according to the rules of succession described for the Primary Beneficiary.

		<input type="checkbox"/> M <input type="checkbox"/> F	
Contingent Beneficiary Name	Date of Birth	Sex	Social Security Number
Beneficiary Address	Relationship to You		Benefit %

		<input type="checkbox"/> M <input type="checkbox"/> F	
Contingent Beneficiary Name	Date of Birth	Sex	Social Security Number
Beneficiary Address	Relationship to You		Benefit %

Section 4 – Participant Signature

I understand that distribution of benefits to my designated beneficiary(ies) shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

Participant Signature

Date