

# IDAHO PIPE TRADES TRUST

Administrative Office

Idaho Pipe Trades  
Health & Welfare Trust  
LU 296 & LU 648



Plumbers & Pipefitters  
Pension Trust  
LU 296 LU 648 LU 41

## BENEFICIARY FORM

Mark all that apply:  Pension Plan  Change in Beneficiary

### PARTICIPANT INFORMATION:

Participant's Name: \* \_\_\_\_\_ SSN: \* \_\_\_\_\_

Address\*: \_\_\_\_\_ Date of Birth: \* \_\_\_\_\_

Address\*: \_\_\_\_\_ Email: \_\_\_\_\_

\* \_\_\_\_\_ Sex: \*  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No.: \_\_\_\_\_ Local Union No.: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Marital Status: \*  Married  Single, never married  Divorced  Widowed  Other

Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**\* Required to properly value your pension and keep you informed.**

### BENEFICIARY INFORMATION:

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please use the back page of this form if you have additional beneficiaries. Be sure to include all information as requested above.

**IMPORTANT: Federal Law requires a married participant to name his or her spouse as the sole beneficiary of pension plan benefits unless the spouse consents in writing (next section) to another primary beneficiary designation. For a married Participant, federal law (ERISA) requires that the Plan's normal form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a**

**reduced lifetime pension, and after your death, a lifetime pension for your surviving spouse equal to one-half of the monthly pension paid to you if your spouse survives you. If you have named a person other than your spouse as your beneficiary, your spouse must complete the spousal consent (next section). Your spouse's signature must be witnessed by a Notary Public.**

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPOUSAL CONSENT FORM**

The following must be completed by your spouse if a person other than your spouse is the named beneficiary.

I, \_\_\_\_\_, swear that I am the legal spouse of the above Plan participant. I hereby consent to my spouse naming the beneficiary listed on the reverse side of this form to receive my spouse's survivor's benefit. If my spouse dies before retirement and before my spouse qualifies for early retirement, I understand by this consent that I cannot unilaterally revoke this designation and that I will not be paid a survivor's benefit.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be witnessed by a Notary Public or a Plan Representative)

**TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_, 2\_\_\_\_\_, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence of \_\_\_\_\_) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

\_\_\_\_\_  
Notary Public in and for the said State

\_\_\_\_\_  
Commission Expiration Date