

Dear Plan Participant:

On the reverse side, please find a Beneficiary Designation Form.

**Please review the information listed below prior to completing this Form.**

You must complete and return a Beneficiary Designation Form at the time of initial enrollment or any time you have a change in life circumstances (e.g. marriage, separation, divorce, etc.). If you decide to change your Beneficiary at any time, you must complete and return a new Beneficiary Designation Form. If you are not certain about who you previously designated as your Beneficiary, a new Beneficiary Designation Form should be completed. You may change your Beneficiary at any time (with spousal consent if married).

This Form allows you to designate a Beneficiary in the event of your death. If you fail to designate a Beneficiary or no designated Beneficiary survives you, distribution of any benefits will be made to the first surviving class of the following classes of successive preference beneficiaries: (a) your spouse, if any, and if none; (b) in equal shares to your children, natural or adopted; if none survive you; (c) in equal shares to your parents; or if none, then (d) in equal shares to your brothers and sisters; if none, then (e) your estate. This does not include stepchildren, stepparents, stepbrother(s) and stepsister(s).

If you are currently married and would like to designate someone other than your spouse, after you complete the Beneficiary Designation Form, your spouse would then need to complete the Spousal Consent section at the bottom of this page and sign it before a Notary Public. By signing this consent, your spouse is authorizing the designation of an alternate Beneficiary.

If you would like to designate a minor child(ren), you should also list a Legal Guardian who would be responsible for your child(ren) in the event of your death. If you are married and listing your spouse as your primary Beneficiary and any child(ren) as your alternate, you should list a Legal Guardian, other than yourself and your spouse.

The Beneficiary Designation Form must be completed in black or blue ink only. Forms may be considered invalid if they are (a) not completed in black or blue ink (b) not completed in full; (c) not signed; (d) not dated; or (e) contain any type of alteration (e.g. correction tape, white out, etc.).

Please be aware that if your Beneficiary Designation Form is deemed invalid, you will be required to complete a new Beneficiary Designation Form in its entirety. Should you pass away prior to the Trust Fund Office receiving a valid Beneficiary Designation Form, you will be considered to have died without a designated Beneficiary. Additionally, if you have any changes or updates to a Beneficiary Designation Form you already have on file, you are required to complete a new Beneficiary Designation Form in its entirety.

Please be aware that additional Forms and/or documentation may be required before your Beneficiary Designation Form can be processed. We will contact you via letter in the event that additional Forms and/or documentation are required.

To be considered valid, this Beneficiary Designation Form must be received by the Trust Fund Office prior to your death.

You may designate the same person (one person) to receive all Funds [Health and Welfare, Pension, and Supplemental 401(k) Retirement] by completing the **BENEFICIARY FOR ALL FUNDS** section (Items 17-28) or you may designate different persons (or multiple persons) to receive these separate Funds, by separately completing the Health and Welfare, Pension, and Supplemental 401(k) Retirement sections under **BENEFICIARY FOR SEPARATE FUNDS** (Items 29-64). **NOTE:** If you designate multiple Beneficiaries (or Alternate Beneficiaries), unless otherwise specified, it is assumed that benefits for each separate Fund will be distributed equally among all Beneficiaries (or Alternate Beneficiaries).

Please be aware that any designation for the Pension Fund using this Form prior to your Date of Retirement is valid for Pre-Retirement Pension Plan Benefits only. Once you have retired, any designation listed under the Pension Plan will be invalidated.

For the Health Reimbursement Account (HRA), the Internal Revenue Code mandates that the only lawful Beneficiary is only your lawful spouse, child, or other lawful dependent(s) who was enrolled, at the time of a Participant's death, as a Dependent in the Plan.

Please be aware that you may only designate a living trust as a Beneficiary or Alternate Beneficiary for Life Insurance Benefits under the Health and Welfare Fund and Supplemental 401(k) Retirement Benefits. If you designate a living trust, you must provide the full legal name of the trust, the date the trust was signed, and indicate whether it is a revocable or irrevocable trust. In addition, you must submit a full copy of the trust and all related documents. If you designate a living trust, payments are only allowed in the form of a lump sum payment.

**If you are married and designate your Spouse as Beneficiary but later divorce, your Beneficiary Designation of your Spouse is automatically revoked. Similarly, if you marry, any prior Beneficiary Designation will be deemed invalid.**

Should you have any questions on completing this Form or require additional information, please contact the Trust Fund Office at 925/356-8921.

**SPOUSAL CONSENT**

If you are married and designate a Beneficiary other than your Spouse, he/she must give written consent below and have it notarized for each of the Funds (Pension Fund, Health and Welfare Fund, Supplemental 401(k) Retirement Fund). I \_\_\_\_\_ (Spouse's name), hereby consent to the designation of the Beneficiary(ies) named on the reverse side and understand that any benefits due as a result of my Spouse's death will be paid to the named Beneficiary.

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTARY ACKNOWLEDGMENT**

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

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

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public  
personally Date appeared \_\_\_\_\_  
Name(s) of Signer(s): \_\_\_\_\_

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

\_\_\_\_\_  
Signature of Notary Public

Please return this Form to: Northern California Pipe Trades Trust Funds  
935 Detroit Avenue, Suite 242A  
Concord, CA 94518-2501

Phone: 925/356-8921  
Fax: 925/356-8938  
Email: tfo@ncptf.com

**NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342**

**BENEFICIARY DESIGNATION FORM**

Please complete the Beneficiary Designation Form in black or blue ink only. Forms may be considered invalid if they are (a) not completed in black or blue ink (b) not completed in full; or (c) contain any type of alteration (e.g. correction tape, white out, etc.). *Please remember to sign and date the bottom of this Form.*

<b>PARTICIPANT INFORMATION</b>					
<b>1. Legal Last Name, include Suffix (if applicable)</b>	<b>2. Legal First Name</b>	<b>3. M.I.</b>	<b>4. Date of Birth</b> / /	<b>5. Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>6. Social Security Number</b> - -
<b>7. Mailing/Residence Address</b> City State Zip					
<b>8. Home Phone ( ) -</b> <b>Cell Phone ( ) -</b>		<b>9. Marital Status</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced & Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Widowed & Remarried			
<b>LAWFUL SPOUSE INFORMATION (If applicable)</b>					
If you are currently married and would like to designate someone other than your Spouse, you will need to have your Spouse authorize an Alternate Beneficiary by completing the Spousal Consent section on the reverse side of this page.					
<b>10. Legal Last Name, include Suffix (if applicable)</b>	<b>11. Legal First Name</b>	<b>12. M.I.</b>	<b>13. Date of Birth</b> / /	<b>14. Social Security Number</b> - -	
<b>15. Mailing/Residence Address (Number/Street)</b> City State Zip			<b>16. Date of Marriage:</b> If Divorced or Separated - List Date: Divorced: Separated:		

<b>BENEFICIARY FOR ALL FUNDS</b>
<i>Please complete this section only if you are designating one person for all Funds [Health and Welfare, Pension and Supplemental 401(k) Retirement]. NOTE: If more than one Alternate Beneficiaries are listed, benefits will be distributed equally among all alternate Beneficiaries listed unless otherwise specified.</i>

<b>BENEFICIARY INFORMATION</b>				
<b>17. Full Name</b>	<b>18. Relationship</b>	<b>19. Date of Birth</b>	<b>20. Address (Number/Street/City/State/Zip)</b>	<b>21. Phone Number</b>
<b>22. If the named Beneficiary is a minor, provide the full name and address of guardian:</b>				

<b>ALTERNATE BENEFICIARY INFORMATION (If the above named Beneficiary/ies is/are deceased)</b>				
<b>23. Full Name(s)</b>	<b>24. Relationship</b>	<b>25. Date of Birth</b>	<b>26. Address (Number/Street/City/State/Zip)</b>	<b>27. Phone Number</b>
a)				
b)				
c)				
<b>28. If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>BENEFICIARY FOR SEPARATE FUNDS</b>
<i>Please complete the following sections only if you are designating more than one person for all Funds. NOTE: If more than one Beneficiary or Alternate Beneficiary is named, it is assumed that, unless otherwise specified, benefits for each separate fund will be distributed equally among all Beneficiaries (or Alternate Beneficiaries) listed below.</i>

<b>HEALTH AND WELFARE FUND BENEFICIARY INFORMATION</b>				
<b>29. Full Name(s)</b>	<b>30. Relationship</b>	<b>31. Date of Birth</b>	<b>32. Address (Number/Street/City/State/Zip)</b>	<b>33. Phone Number</b>
a)				
b)				
c)				
<b>34. If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>ALTERNATE BENEFICIARY INFORMATION (If the above named Beneficiary/ies is/are deceased)</b>				
<b>35. Full Name(s)</b>	<b>36. Relationship</b>	<b>37. Date of Birth</b>	<b>38. Address (Number/Street/City/State/Zip)</b>	<b>39. Phone Number</b>
a)				
b)				
c)				
<b>40. If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>PENSION FUND BENEFICIARY INFORMATION</b>				
<b>41. Full Name(s)</b>	<b>42. Relationship</b>	<b>43. Date of Birth</b>	<b>44. Address (Number/Street/City/State/Zip)</b>	<b>45. Phone Number</b>
a)				
b)				
c)				
<b>46. If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>ALTERNATE BENEFICIARY INFORMATION (If the above named Beneficiary/ies is/are deceased)</b>				
<b>47. Full Name(s)</b>	<b>48. Relationship</b>	<b>49. Date of Birth</b>	<b>50. Address (Number/Street/City/State/Zip)</b>	<b>51. Phone Number</b>
a)				
b)				
c)				
<b>52. If the named Alternate Beneficiary(ies) is a minor, provide the full name and address of guardian:</b>				

<b>SUPPLEMENTAL 401(k) RETIREMENT FUND BENEFICIARY INFORMATION</b>				
<b>53. Full Name(s)</b>	<b>54. Relationship</b>	<b>55. Date of Birth</b>	<b>56. Address (Number/Street/City/State/Zip)</b>	<b>57. Phone Number</b>
a)				
b)				
c)				
<b>58. If the named Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>ALTERNATE BENEFICIARY INFORMATION (If the above named Beneficiary/ies is/are deceased)</b>				
<b>59. Full Name(s)</b>	<b>60. Relationship</b>	<b>61. Date of Birth</b>	<b>62. Address (Number/Street/City/State/Zip)</b>	<b>63. Phone Number</b>
a)				
b)				
c)				
<b>64. If the named Alternate Beneficiary(ies) is/are a minor, provide the full name and address of guardian:</b>				

<b>PARTICIPANT SIGNATURE/DATE REQUIRED</b>	
I acknowledge that the information provided on this Form is accurate and I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I also understand and acknowledge that I have read both sides of this Form entirely and understand the contents within.	
<b>65. PARTICIPANT SIGNATURE:</b> _____	<b>66. DATE:</b> _____