

**DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT DEATH BENEFIT
UNDER
LOCAL 171 PLUMBERS AND PIPEFITTERS RETIREMENT PLAN**

TO: The Plan Administrator of Local 171 Plumbers and Pipefitters Retirement Plan

FROM: _____ "Participant")

I, a participant in the Local 171 Plumbers and Pipefitters Retirement Plan (the "Plan"), wish to designate a beneficiary to receive a Contribution Refund Death Benefit in the event that I die before receiving benefits under the Plan **and my Spouse (if I am married) is not entitled to a Spouse's Pension** under the Plan. I designate _____

_____.

Relationship: _____

Beneficiary's Address: _____

Beneficiary's Social Security Number: ____ - ____ - ____

Beneficiary's Date of Birth _____

I hereby revoke any previous beneficiary designation for this Death Benefit.

Participant Signature

Witnessed by Plan Representative or Notary Public

State of _____)

) ss.

County of _____)

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

- _____
Notary Public
- _____
Plan Representative