

THE UNITED ASSOCIATION OF JOURNEYMEN PLUMBERS AND JOURNEYMEN PIPEFITTERS  
AND STEAMFITTERS LOCAL UNION 357

Life Insurance Death Benefit  
Enrollment and Beneficiary Designation Form

LIFE VOLUME: \$50,000K

Participant Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single Gender:  Male  Female

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**IMPORTANT NOTICE:**

If you are married and your spouse **has not been** named as your sole-primary beneficiary, then the "Spouse's Consent to Beneficiary Designation" portion of this form (reverse side of this form) **must** be completed. This beneficiary designation applies only to the insured lump sum death benefit currently provided under the Plan.

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**I direct that, upon my death, any lump sum death benefit payable under the Plan be paid to the following person(s) as my primary beneficiary(ies):**

1. \_\_\_\_\_  
Name Address Relationship

Social Security Number Date of Birth Percentage

2. \_\_\_\_\_  
Name Address Relationship

Social Security Number Date of Birth Percentage

**If, upon my death, my primary beneficiary is not living, I direct that the payment of such amount be made as follows:**

To my surviving children in equal shares

OR

To the person(s) listed below

1. \_\_\_\_\_  
Name Address Relationship

Social Security Number Date of Birth Percentage

2. \_\_\_\_\_  
Name Address Relationship

Social Security Number Date of Birth Percentage

**NOTE: If my spouse is designated as a beneficiary and we divorce, my spouse shall no longer be designated as a beneficiary except as set forth in a qualified domestic relations order as amended. Unless otherwise designated, all proceeds will be payable in equal shares if more than one primary or contingent beneficiary is listed above.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date of Participant/Witness Signatures

**SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION**

I hereby consent to the designation made by my spouse to have the lump sum pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that my spouse's beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation. Further, I understand that this beneficiary designation applies only to the lump sum death benefit currently provided under the Plan and that this designation will have no impact on any other death benefit, which may be payable to me under the Plan.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Spouse's Signature

**Spouses signature must be witnessed by a Plan Trustee or a Notary Public**

Plan Trustee

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Title

\*\*\*\*\*

Notary Public

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

\_\_\_\_\_ County, Michigan

My Commission Expires \_\_\_\_\_