INLAND

Refrigeration & Air Conditioning

Health & Welfare Trust Fund and Retirement Trust Fund *administered by*

Southern California Pipe Trades Administrative Corporation 501 Shatto Place, 5th Floor, Los Angeles, CA 90020 (800) 595-7473 • (213) 385-6161 • FAX (213) 385-2767

Enrollment & Beneficiary Form

Please Print & Use Black or Blue Ink Only NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Section A. Member's Information

Name (First, Middle, Last)	S.S.# xxx-xx-xxxx	Local Union #
Address (Street, City, Zip, State)	Phone # (xxx) xxx-xxxx	Date of Birth (mm-dd-yy)

<u>Section B. Enrollment of Dependents</u> – List all dependents eligible for the health plan* Inland Refrigeration & Air Conditioning Health & Welfare Fund

Dependent	Name	Date of Birth	S.S.#
Spouse			
Address, if different from Member:		·	
Child - M 🗌 or F 🗌			
Address, if different from Member:			
Child - M 🗆 or F 🗆			
Address, if different from Member:		·	
			
Child - M 🗆 or F 🗆			
Address, if different from Member:			
	<u></u>		
Child - M 🗌 or F 🗌			
Address, if different from Member:			
Child - M 🗆 or F 🗆			
Address, if different from Member:			

*Lawful Spouse and Eligible Children. Each box must be completed in full. Official Marriage Certificates & Birth Certificates (with original seal or stamp) required to enroll dependent. "Souvenir" certificates are <u>NOT</u> acceptable.

Section C. Beneficiary Designations

NOTE: If you designate your spouse as a Beneficiary below then, if you divorce, your Beneficiary designation is automatically revoked and void, and you must sign a new Beneficiary designation naming your ex-spouse after the date of the divorce if you want him/her to continue to be your Beneficiary.

1. Inland Refrigeration & Air Conditioning Health & Welfare Trust Fund

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies). I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

If you are married and any of the PRIMARY BENEFICIARIES named for the funds below is someone OTHER THAN YOUR SPOUSE, then federal law requires that Section E must be signed by your spouse and notarized.

2. Inland Refrigeration & Air Conditioning Retirement Trust Fund

Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.

I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies). I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

I authorize the Trust Funds to execute my directions as set forth above.

 X
 Signature of Member
 Social Security Number
 Date

THIS FORM MUST BE COMPLETED IN FULL AND IS INVALID WITHOUT THE MEMBER'S SIGNATURE AND INITIALS (and spouse's signature, if required, in Section E)

Section E. Spousal Consent

This section must be completed if you are married and any of the primary beneficiaries for the Retirement Fund is someone other than your spouse.

If you are not married, or if you listed your spouse as the only Primary Beneficiary for the Retirement Fund then do not complete this section.

1. Spouse's Signature

X Signature of Member's Spouse	<u> </u>		
Signature of Member's Spouse	So	ocial Security Number	Date
2. Notarization			
State of			
County of			
Onk Date	pefore me,		,
Date		Name and Title of Officer (e.	g., "Jane Doe, Notary Public")
personally appeared			
	Na	me of Signer	
	whose nar me that h that by his	ne is subscribed to the within e/she executed the same in	sfactory evidence to be the person in instrument and acknowledged to in his/her authorized capacity, and ment the person, or the entity upon uted the instrument.
		nder PENALTY OF PERJUF that the foregoing paragraph	RY under the laws of the State of is true and correct.
	WITNESS	my hand and official seal.	
Place Notary Seal Above	X Signature of	Notary Public	