# Landscape, Irrigation & Lawn Sprinkler Industry

Health & Welfare Plan and Defined Contribution Pension Plan

Administered by

#### **Southern California Pipe Trades Administrative Corporation**

501 Shatto Place, 5<sup>th</sup> Floor, Los Angeles, CA 90020 (800) 595-7473 · (213) 385-6161 · Fax (213) 385-2767

## Southern California Pipe Trades Defined Contribution Fund Beneficiary Designation 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 (only the last four digits are required) | Local Union #            |
|------------------------------------|--|--------------------------|
| Address (Street, City, Zip, State) | Phone # (xxx) xxx-xxxx                                     | Date of Birth (mm-dd-yy) |

#### Section B. Southern California Pipe Trades Defined Contribution Fund

NOTES: (1) This Beneficiary Designation applies only to any account you may have in the Southern California Pipe Trades Defined Contribution Fund. To name Beneficiaries for the Landscape, Irrigation & Lawn Sprinkler Industry Trust Funds, you must complete the separate Landscape, Irrigation & Lawn Sprinkler Industry Enrollment and Beneficiary Form.

(2) 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.

#### 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 | % |
|------|--------------|--------|---------------|---------|---|
|      |              |        |               |         |   |
|      |              |        |               |         |   |
|      |              |        |               |         |   |
|      |              |        |               |         |   |

### **Section C. Member's Signature**

| I authorize the Southern California Pipe Trac                              | des Defined Contribution Fund to execute my d  | directions as set forth above.   |
|--|--|--|
| Y  |  |  |
| X<br>Signature of Member   | Social Security Number   | Date   |
| THIS FORM MUST BE COMPLETED IN AND INITIALS (and spouse's signatur         | N FULL AND IS INVALID WITHOUT THE e, if required, in Section D).   | MEMBER'S SIGNATURE   |
| Section D. Spousal Consent   |  |  |
|  | u are married and any of the primary be<br>ned Contribution Fund is someone othe   |  |
| If you are not married, or if you listed you do not complete this section. | ur spouse as the only Primary Beneficiary  | for the Retirement Fund then   |
| 1. Spouse's Signature  |  |  |
| I consent to the terms of the benefic                                      | iary designations in Section B. of this form.  |  |
| X<br>Signature of Member's Spouse  | Social Security Number   | Date   |
| 2. Notarization  |  |  |
| State of   |  |  |
| County of  | }ss.   |  |
| On be  | fore me,Name and Title of Officer (e.g.,   | "Inna Day Matau Dublis")   |
|  | Name and Title of Officer (e.g.,   | "Jane Doe, Notary Public")   |
| personally appeared  | Name of Signer   | ,  |
|  | who proved to me on the basis of satisfa whose name is subscribed to the within in me that he/she executed the same in he that by his/her signature on the instrument behalf of which the person acted, executed | nstrument and acknowledged to<br>his/her authorized capacity, and<br>that the person, or the entity upon |
|  | I certify under PENALTY OF PERJURY California that the foregoing paragraph is  |  |
|  | WITNESS my hand and official seal.   |  |
| Place Notary Seal above  | X<br>Signature of Notary Public  |  |