

Southern California Pipe Trades Trust Funds  
501 Shatto Place, 5<sup>th</sup> Floor  
Los Angeles, CA 90020  
(800) 595-7473 or (213) 385-6161

**Enrollment & Beneficiary Form**

NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

**Section A. Member's Information**

Name	S.S.#	Local Union #
Address	Phone #	Date of Birth

**Section B. SCPT Health & Welfare Fund – List all dependents eligible for the health plan\***

Dependent	Name	Date of Birth	S.S.#
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Spouse			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
Address, if different from Member:			

Child - M <input type="checkbox"/> or F <input type="checkbox"/>			
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 NOT acceptable.

**Section C. Beneficiary Section** – Each Fund requires that you list beneficiary information.

Please list at least one Primary Beneficiary for each of the five funds. **If you want the same beneficiary(ies) for all of the funds, complete the Health & Welfare Fund section in full and then initial where indicated for each of the other funds.** If you initial any section, then any conflicting designation that you write in that section will be disregarded.

**1. SCPT Health & Welfare Fund**

Primary Beneficiary(ies)

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

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).

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

**2. SCPT Vacation & Holiday Fund**

*Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_*

Primary Beneficiary(ies)

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

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).

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

**3. SCPT Christmas Bonus Fund**

*Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_*

Primary Beneficiary(ies)

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

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).

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

## Section C. Beneficiary Section (continued)

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

### 4. SCPT Retirement Fund

*Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_*

#### Primary Beneficiary(ies)

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

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).

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

### 5. SCPT Defined Contribution Fund

*Initial here if same beneficiaries as Health & Welfare Fund \_\_\_\_\_*

#### Primary Beneficiary(ies)

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

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).

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

## Section D. Member's Signature

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)**

