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

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. SCPT 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 Inland Refrigeration Trust Funds, you must complete the separate Inland Refrigeration 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 Trades Defined Contribution Fund to execute my directions as set forth above. 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 D). Section D. Spousal Consent This section must be completed if you are married and any of the primary beneficiaries for the Southern California Pipe Trades Defined Contribution 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 I consent to the terms of the beneficiary designations in Section B. of this form. Signature of Member's Spouse Social Security Number Date 2. Notarization State of _____ County of _____ _____ before me, _____ Name and Title of Officer (e.g., "Jane Doe, Notary Public") personally appeared _____ Name of Signer who proved to me on the basis of satisfactory evidence to be the person

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal above

Signature of Notary Public