

Landscape, Irrigation & Lawn Sprinkler Industry

Health & Welfare Plan and Defined Contribution Pension Plan

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 <i>(First, Middle, Last)</i>	S.S.# <i>xxx-xx-xxxx</i> <i>(only the last four digits are required)</i>	Local Union #
Address <i>(Street, City, Zip, State)</i>	Phone # <i>(xxx) xxx-xxxx</i>	Date of Birth <i>(mm-dd-yy)</i>

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	%

