

Administered by

Southern California Pipe Trades Administrative Corporation
 501 Shatto Place, 5th Floor, Los Angeles, CA 90020
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Enrollment & Beneficiary Form

Please Clearly 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. Enrollment of Dependents – List all dependents eligible for the health plan* **Landscape, Irrigation & Lawn Sprinkler Industry Health & Welfare Plan**

Dependent	Name	Date of Birth	S.S.#
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			
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, Domestic Partner, and Eligible Children. Each box must be completed in full. Official Marriage Certificate, Registered Certificate of Domestic Partnership, & Birth Certificates (with original seal or stamp) required to enroll dependent. "Souvenir" certificates are NOT acceptable.

Section C. Beneficiary Designations

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

Landscape, Irrigation & Lawn Sprinkler Industry Defined Contribution Pension Plan

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 D. Member's Signature

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

X _____
Signature of Member

_____ Social Security Number
(only the last four digits are required)

_____ 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 Defined Contribution Pension 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 Defined Contribution Pension Fund then do not complete this section.

1. Spouse's Signature

I consent to the terms of the beneficiary designations in Section C. of this form.

X _____
Signature of Member's Spouse

Social Security Number
(only the last four digits are required)

Date

2. Notarization

State of _____

County of _____

} SS.

On _____ before me, _____,
Date 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 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

X _____
Signature of Notary Public