

**Heating, Piping and Refrigeration  
Medical, Pension and Training Funds  
Steamfitters Local Union 602 Retirement Savings Plan**

9411 Philadelphia Road, Suite S - Baltimore, Maryland 21237  
Telephone Numbers: (410) 444-3756 (800) 618-2879 Fax (410) 444-0035

**BENEFICIARY DESIGNATIONS FORM**

The purpose of this form is to designate beneficiaries for the following:

Local Union 602 Death Benefit	Heating, Piping and Refrigeration Pension Fund
Heating, Piping and Refrigeration Medical Fund	Steamfitters Local 602 Retirement Savings Plan

This form has five sections. The first section requests general information about you. The following four sections request that you designate a beneficiary for each benefit. If you designate more than one beneficiary for a particular benefit, and the total percentages is not 100%, the distribution will be divided equally among those designated. You must notify the Funds immediately if your marital status changes. **You are not required to elect the same beneficiaries for each benefit. This is a multiple page form. Please fill out all pages. You MUST sign the last page.**

**Section I – General Information**

Last Name	First Name	Middle Initial	
Social Security Number	Gender	Date of Birth	Union Card Number
Street Address		City, State, Zip	
Home Telephone Number (include area code)		Marital Status (Circle One)	
		Single    Married    Divorced	

**Section II – Local Union 602 Death Benefit Beneficiary Designations**

As a member of Local 602, I hereby designate the following people as my beneficiaries for the Local Union 602 Death Benefit.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

## BENEFICIARY DESIGNATIONS FORM

### Section III – Heating, Piping and Refrigeration Pension Plan Beneficiary Designations

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Heating, Piping and Refrigeration Pension Fund. I understand that under the terms of the Plan, my spouse may be entitled to benefits instead of the beneficiaries named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

### Section IV – Steamfitters Local 602 Retirement Savings Plan Beneficiary Designations

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Heating, Piping and Refrigeration Pension Fund. I understand that under the terms of the Plan, my spouse may be entitled to benefits instead of the beneficiaries named below. I also understand that when I retire, my spouse must give written consent to my designation at that time or thereafter.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

**Section V – Heating, Piping and Refrigeration Medical Fund Beneficiary Designations**

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Heating, Piping and Refrigeration Medical Fund.

Name	
Street Address	City, State, Zip
Relationship	Percentage

Name	
Street Address	City, State, Zip
Relationship	Percentage

**BENEFICIARY DESIGNATIONS FORM**

I hereby make the designation of beneficiary for each of the benefits specified above and revoke any previous designations. I understand that the beneficiaries named above may be revoked at any time by filing a new designation in writing on the Fund office’s form. I understand that if all of the above designated beneficiaries predecease me, the distribution will be made in accordance with the terms of the Plan. **I agree to notify the Fund Office immediately of any change in my marital status.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**