

**MONROE PLUMBERS AND PIPEFITTERS LOCAL 671  
HEALTH AND WELFARE PLAN  
LIFE INSURANCE  
BENEFICIARY DESIGNATION FORM**

I, \_\_\_\_\_ (name of Health and Welfare Plan participant), direct that any death benefit payable from the Monroe Plumbers and Pipefitters Local No. 671 Health and Welfare Plan be paid to the following person(s):

Name	Relationship	Percentage
Name	Relationship	Percentage
Name	Relationship	Percentage
Name	Relationship	Percentage
Name	Relationship	Percentage

If more than one beneficiary is named, benefits will be paid to them equally, unless you indicate otherwise. Also,

- if one or more beneficiary is not living when you die, benefits will be paid equally to the surviving beneficiaries; and
- if a beneficiary dies before all (or any) death benefit payment have been made, the payments will be split equally among the remaining surviving beneficiaries.

This revokes and supersedes any previous beneficiary designations I have made for the Health and Welfare Plan.

WITNESS:

	Signature of Participant
	Date _____