

**MONROE PLUMBERS AND PIPEFITTERS LOCAL 671
RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

I, _____ (name of Retirement Plan participant), direct that any death benefit payable from the Monroe Plumbers and Pipefitters Local No. 671 Retirement Plan be paid to (check one of the following lines, and obtain your spouse's written consent if required):

___ My spouse. ("Spouse" means the person to whom you are married at death. The second page does not have to be completed if you name your spouse as your sole primary beneficiary.)

___ The following person(s) if he, she or they survive me (complete second page if this option checked):

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

- if one or more beneficiaries is not living when you die, benefits will be paid equally to the surviving beneficiaries; and
- if a beneficiary dies before all (of any) death benefit payments 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 Retirement Plan.

WITNESS:

Signature of Participant

Date _____

If you are married at your date of death (even to a subsequent spouse), a nonspouse beneficiary designation will not be effective unless the reverse side is properly completed. If no named beneficiary survives you, the death benefit will be paid to your estate.

