



Plumbers and Steamfitters Local Union No. 248
Pension Fund

230 Lexington Green Circle • Suite 400 • Lexington, Kentucky 40503
Toll-Free 888-999-7741 • Fax 859-226-1191

MEMORANDUM

TO: Member

FROM: UMR, Fund Administrator

RE: Plumbers and Steamfitters Local Union No. 248 Pension Trust Fund

Enclosed is a Beneficiary Designation form for the above-referenced pension plan. Under the Plan, the Spouse or Beneficiary of a deceased Participant, upon proper proof of death to the Trustees, shall be eligible to receive a Pre-Retirement Death Benefit provided the deceased Participant had at least five (5) years of Continuous Service and died before he or she received any Normal or Early Retirement Benefit payments.

Pre-retirement death benefits will be made in either of two methods as follows:

- A. Lump Sum Payment of Percentage of Employer Contributions; or
- B. Survivor Benefit.

You may designate a beneficiary other than your spouse only with your spouse's consent. If you die without designating a beneficiary, the death benefit will be paid as follows:

- (a.) to your legal spouse or, if none,
- (b.) to your dependent children or, if none,
- (c.) to your estate.

Please complete the Beneficiary Designation form and return it to Administrative Services Group, Inc. You may change your beneficiary designation at any time by completing a new Beneficiary Designation form. However, benefits will be paid based on the latest designation in our file.

If you have any questions, please call 888-999-7741 (toll free).

**PLUMBERS AND STEAMFITTERS LOCAL NO. 248 PENSION TRUST FUND
 230 LEXINGTON GREEN CIRCLE ▪ SUITE 400 ▪ LEXINGTON, KY 40503
 PH: (888) 999-7741 FAX (859) 226-1191**

BENEFICIARY DESIGNATION

EMPLOYEE NAME: _____

EMPLOYEE SOC. SEC. NO.: _____

BENEFICIARY NAME(S):

Name of Beneficiary (Primary)	Social Security No.	Relationship to Employee	Date of Birth

Name of Beneficiary (Secondary)	Social Security No.	Relationship to Employee	Date of Birth

THE PRIMARY BENEFICIARY DESIGNATED WILL RECEIVE BENEFITS ON YOUR BEHALF UPON YOUR DEATH. HOWEVER, YOU MAY ALSO DESIGNATE SECONDARY BENEFICIARY(IES) TO RECEIVE BENEFITS IN THE EVENT THE PRIMARY BENEFICIARY'S DEATH IS PRIOR TO THE COMMENCEMENT OF BENEFITS.

Note: If your spouse is not designated as your primary beneficiary, they must consent to your beneficiary designation (see back of form).

IF TWO OR MORE BENEFICIARIES ARE NAMED, THE PROCEEDS SHALL BE PAID TO THE NAMED BENEFICIARIES IN EQUAL SHARES.

A PARTICIPANT MAY CHANGE THEIR BENEFICIARY DESIGNATION AS NEEDED; HOWEVER, NO CHANGE WILL BE EFFECTIVE UNTIL THE NEW DESIGNATION HAS BEEN RECEIVED BY THIS OFFICE.

THIS BENEFICIARY DESIGNATION SUPERSEDES ANY AND ALL PRIOR BENEFICIARY DESIGNATIONS SUBMITTED BY ME.

SIGNATURE OF PARTICIPANT

DATE

PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 248 PENSION TRUST FUND

SPOUSAL CONSENT

I hereby certify that I, _____ am the spouse of the above-named Participant, and I have read this form as completed and signed by the Participant. I understand that, upon the Participant's death, I am entitled to any unpaid Plan benefits unless I consent to the Participant's designation of a non-spouse beneficiary. In granting this consent, I understand that I am waiving any right I might have to any benefit under the plan if the Participant dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiar(ies) may not be changed at any time during which I am married to the Participant (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Participant's designation of the beneficiary(ies) listed above.

SIGNATURE OF SPOUSE

DATE

TO BE COMPLETED BY NOTARY PUBLIC:

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____, Who executed the above SPOUSAL WAIVER as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my notarial seal this _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES