

LAST NAME (PRINT ALL INFORMATION)		FIRST NAME IN FULL		MIDDLE INITIAL	DATE CARD IS SIGNED	
SOCIAL SECURITY NUMBER		LOCAL UNION NO.	DATE OF BIRTH		DATE OF MARRIAGE	
HOME ADDRESS — NUMBER AND STREET			APT.	CITY AND ZIP CODE		TELEPHONE NUMBER

I hereby designate as my beneficiary to receive any death benefit payable under the Pension Fund:

FULL NAME	RELATIONSHIP	ADDRESS IF NOT SAME AS YOURS
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I hereby designate as my beneficiary to receive any death benefit payable under the Group Protection Fund:

FULL NAME	RELATIONSHIP	ADDRESS IF NOT SAME AS YOURS
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LIST YOUR WIFE AND ALL DEPENDENT CHILDREN — ELDEST FIRST

NAME	DATE OF BIRTH		SOCIAL SECURITY NUMBER
WIFE			
BOY	GIRL		

YOUR SIGNATURE

GROUP PROTECTION AND PENSION PLANS OF
UA PLUMBERS LOCAL UNION NO. 68

Please complete and return this form to the Fund office by phone, email, or fax.