Colorado Pipe Industry Annuity and Salary Deferral Trust Fund					Designation of Beneficiary
Personal Information					·
Last Name	First Name	First Name		Social Security Number	
Street Address		City	City State		Zip Code
file the original with your I	ack ink only, complete this Local Union. This Designat d carefully before completing	ion includes and			
beneficiary designation I	accordance with the instruct may previously have ma plan. I understand that if	ade under the	above plan a	and designate	the following as my

for all or any portion of my vested account balance, my spouse must consent by signing on the back of this form and have that signature witnessed by either a plan representative or a notary public; otherwise my beneficiary designation will be invalid to the extent it designates any primary beneficiary other than my spouse. **Beneficiary Designations** (All fields required) The form has space to name up to three primary and contingent

beneficiaries. If you want to name more than three beneficiaries, attach a separate listing of your beneficiaries, with all required beneficiary information noted on the form (certain fields are inapplicable to non-individuals, such as an estate, trust, or charity).

## Primary Beneficiary(ies) Share % Social Security No. or TIN Date of Birth Name Relationship Current Address 1. 2. 3. 100% **Contingent Beneficiary(ies)** Share % Relationship Current Address Date of Birth Name Social Security No. or TIN 1. 2. 3. 100%

**Current Marital Status** (check one) Plan provisions and federal law requires that married participants must obtain their spouse's consent to name any other primary beneficiaries for any portion of the account. Failure to do so will invalidate the non-spouse beneficiary designation(s).

## **Unmarried Participant:**

I am not married. I understand that if I become married in the future, my spouse will receive my entire vested account balance unless a new Designation of Beneficiary Form is filed with the spousal consent completed on the reverse side of the form.

## Married Participant:

**I am** married. If I have named any primary beneficiary for any portion of my vested account, other than my spouse, my spouse has signed the consent on the reverse of this form, consenting to receipt of all or a portion of my vested account by another primary beneficiary.

Date\*

## Participant Signature\*

\* Your form is not complete unless signed. Confidential once Completed and Returned.

Form Continued on Reverse

**Consent by Spouse:** I certify I am the spouse of the participant named on the front of this form, and understand that I have the right under plan provisions and federal law to receive 100% of my spouse's vested account in the plan, so long as we have been married for at least one year prior to my spouse's death. I understand that by signing this consent, I am giving up my right to receive all or a portion of my spouse's vested account, and that I may receive less money than I would have received under the plan's default rule. I understand that if I do not sign this consent, the default rule will apply. I understand that I do not have to sign this consent. I am signing the consent agreement voluntarily. I, in writing witnessed by a notary public or plan representative, hereby consent to and acknowledge the effect of this beneficiary designation.

Sp	ous	e Signature		Date			
Signature Witnessed by Notary Public or Plan Representative:							
Sta	te o	f	_)				
Co	unty	of	) SS. _)				
BEFORE ME, the undersigned, a Notary Public, personally appeared, who executed the above Consent by Spouse as a free and voluntary act.							
IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal (if any) on, 20, 20							
SE	AL (i	f any)	Notary Public				
			My Commission expires:				
(If witnessed by a plan representative, the plan representative should complete the above in a similar fashion as a notary, but change the wording accordingly.)							
Ge	ner	al Provisions					
1.			t up for each beneficiary upon the participant's death, as evidenced by the acceptable to the plan administrator.	a certified copy of a death			
2.		nless otherwise expressly provided on the face of this Designation of Beneficiary form, and subject to the terms of the plan, all ms payable under the plan by reason of the death of the participant shall be paid as follows:					
	a)		nall be paid in the percentages designated on the face of this form, or if no officiaries who survive the participant.	t designated, then in equal			
	b)	face of this form, or if not	urvives the participant, the entire death benefit shall be paid in the percent t designated, then in equal shares to the contingent beneficiaries who only receive a benefit if ALL primary beneficiaries predecease the particip	survive the participant. A			
	c)	If no primary or contingent the plan.	beneficiary survives the participant, the entire death benefit shall be pair	d according to the terms of			
	d)	receiving payment of the	I otherwise eligible to receive a benefit on the date of the participant's dea entire benefit, the remaining benefit shall be paid to the deceased bene gnated his or her own beneficiary.				
	e)		nt beneficiary does not survive the participant, such beneficiary's intenning primary or contingent beneficiaries shall be increased on a pro rata bas				
3.		e participant may change th neficiary (other than any requ	is Designation of Beneficiary form at any time without the consent of an uired consent by spouse).	ny person designated as a			
4.		her this Designation of Beneficiary form nor any future change to it will be effective for any purpose unless filed with the Local on in accordance with the instructions noted on the front of this form and prior to the death of the participant.					
5.	par The	Designation of Beneficiary form is subject to the terms of the plan, as it may be amended from time to time. All rights of the cipant, the designated beneficiaries, and any other person who benefits under the plan are governed by the terms of the plan. Trustees have the right to amend the plan in any manner that may affect this form without notice to, or consent of, any cipant or beneficiary.					
6.			Designation of Beneficiary form only applies to the plan named in the top left corner on the front of the form. It does not affect eneficiary designations you have made for any other of your other employee benefit programs or life insurance benefits.				
7.	Des	o the extent that the terms of a later Qualified Domestic Relations Order (QDRO) are inconsistent with the terms of this Designation of Beneficiary form, the Fund will administer and distribute the participant's account in conformity with the terms of the QDRO.					
For Fund Use Only							