



# Utah Pipe Trades Trust Funds

Pension  
Health and Welfare

## Life Insurance Beneficiary Designation

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_  
(Print Name)

Do hereby designate the following named persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death, under Utah Pipe Trades Trust Funds.

<b>Beneficiary Name:</b>	<b>Percentage</b>	<b>%</b>
<b>SSN:</b>	<b>Relationship:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>Beneficiary Name:</b>	<b>Percentage</b>	<b>%</b>
<b>SSN:</b>	<b>Relationship:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>Contingent Beneficiary Name:</b>	<b>Percentage</b>	<b>%</b>
<b>SSN:</b>	<b>Relationship:</b>	
<b>Address:</b>	<b>Phone:</b>	
<b>Contingent Beneficiary Name:</b>	<b>Percentage</b>	<b>%</b>
<b>SSN:</b>	<b>Relationship:</b>	
<b>Address:</b>	<b>Phone:</b>	

**Spousal Consent** - If you are married and designate a beneficiary other than your spouse, he/she must give written consent below and have it notarized.

I hereby consent to the designation of the beneficiary named above and understand that any benefits due as a result of my husband's/wife's death will be paid to the named beneficiary(ies).

\_\_\_\_\_ Date \_\_\_\_\_  
Spouse's Signature

**Notary Section:**  
Subscribed and sworn to before me, the undersigned, at \_\_\_\_\_  
\_\_\_\_\_ this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature Seal:

Benefits will be paid in equal shares to your beneficiaries unless you state otherwise in your beneficiary designation. Benefits will only be paid to Contingent Beneficiary in the event all of your primary beneficiaries have passed away. The share of a beneficiary who does not live to receive payment will be payable in accordance to the beneficiary provisions of the plan.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_