

Connecticut Pipe Trades Benefit Funds Administration, Inc.

1155 Silas Deane Highway
Wethersfield, CT 06109
800-848-2129 Fax 860-571-9221
www.connecticutpipetrades.com

Funds Beneficiary Designation Card

Please Print			
Participant's Full Name	_____	Initiation Date	___ / ___ / ___
Home Address & Street No.	_____	Prior Home Local	Local # _____
City, State & Zip Code	_____, ____ _____	Marital Status	_____
Social Security Number	____ - ____ - _____	Spouse Name	_____
Date of Birth	___ / ___ / ___	Date of Marriage	___ / ___ / ___
Phone Number	____ - ____ - _____	Date of Divorce	___ / ___ / ___
E-Mail Address	_____ @ _____ . _____	Unique ID	PTH _____

*A **contingent beneficiary** is a person who would receive benefits if your primary beneficiary was deceased upon your death. If you wish to designate **multiple beneficiaries**, you must state so, then provide all the information for each of those persons named. These beneficiaries will share equally unless you indicate otherwise.*

Beneficiary Designation Section

Use this box to designate the same beneficiary for all Funds			
Name of Primary Beneficiary	_____	Relationship	Soc. Sec. No Date of Birth
Address	_____, ____ _____	_____	_____ / ___ / ___
Primary Beneficiary Phone Number	____ - ____ - _____		
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No Date of Birth
Address	_____, ____ _____	_____	_____ / ___ / ___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No Date of Birth
Address	_____, ____ _____	_____	_____ / ___ / ___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No Date of Birth
Address	_____, ____ _____	_____	_____ / ___ / ___

These beneficiary designations revoke all previous designations of beneficiary for the Connecticut Pipe Trades, Pension, Annuity & Health Fund.

Signature & Witness Required			
Participant's Signature	Date	*Witness or Notary Signature (required)	Date
_____	___ / ___ / ___	_____	___ / ___ / ___

****The Beneficiary and or spouse cannot be the witness.***

Pension Fund

Name of Primary Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___

Annuity Fund

Name of Primary Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___

Health Fund

Name of Primary Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___
Name of Contingent Beneficiary	_____	Relationship	Soc. Sec. No	Date of Birth
Address	_____, _____	_____	_____	___/___/___

These beneficiary designations revoke all previous designations of beneficiary for the Connecticut Pipe Trades, Pension, Annuity & Health Funds.

Signature & Witness Required

Participants Signature	Date	Witness or Notary Signature (required)	Date
_____	___/___/___	_____	___/___/___