

**BIRMINGHAM PLUMBERS & STEAMFITTERS LOCAL UNION 91
PENSION FUND**

Designation of Beneficiary

As a member of the above named Plan, I hereby designate the beneficiary listed below to receive any benefits that may become payable under the provisions of the Plan in the event of my death.

Name of beneficiary

Relationship

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth

Address

City

State

Zip

I understand if I designate a beneficiary who is not my spouse, my spouse must consent in writing (witnessed by a notary public) to such designation. I understand that under the terms of the Plan, I have the right to revoke the foregoing designation of beneficiary with the written consent of my spouse, witnessed by a notary public in any manner and to designate any other person as beneficiary. I also understand that if I divorce my present spouse and remarry another person, another consent form must be completed by my current spouse.

Signature of member

_____-_____-_____
Social Security Number

Signature of witness

Date