



SOUTHERN CALIFORNIA PIPE TRADES ADMINISTRATIVE CORPORATION

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BENEFICIARY FORM SOUTHERN CALIFORNIA PIPE TRADES TRUST FUNDS

PART 1—PARTICIPANT INFORMATION

Participant Name _____ Social Security Number (last 4 required; full SSN for new participants) _____ OR **IPE T50** _____

Address (address will be updated in the Funds' records, if different from what is on file) _____

Date of Birth _____ Phone Number _____ Email Address _____ Home Local _____

PART 2—BENEFICIARY DESIGNATIONS

List at least one primary Beneficiary. If you list more than one Beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares. A contingent Beneficiary applies only if all your primary Beneficiary(ies) are deceased. If you wish to designate more primary or contingent Beneficiaries than space allows or different Beneficiaries for different trust funds, please check the box in this Section and attach a page describing the additional Beneficiaries.

SCPT Trust Funds (Retirement, Health & Welfare (including V&H), Christmas Bonus, and Defined Contribution Funds)						
	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
Primary			/ /	- -		
			/ /	- -		
			/ /	- -		
Contingent			/ /	- -		
			/ /	- -		
			/ /	- -		

☐ CHECK THIS BOX AND ATTACH AN ADDITIONAL PAGE IF YOU WANT TO ELECT MORE BENEFICIARIES THAN THE SPACE ABOVE ALLOWS OR DIFFERENT BENEFICIARIES FOR THE VARIOUS SCPT TRUST FUNDS.

PART 4—SPOUSAL CONSENT AND NOTARIZATION

NOTE: If you are married, and your Spouse is NOT the only primary Beneficiary for the Retirement Fund and Defined Contribution Fund, this spousal consent section, including notarization, must be completed for your beneficiary designation(s) to be effective. Not completing a required notarization will default your primary Beneficiary to your Spouse for the Retirement Fund and Defined Contribution Fund only.

I CONSENT TO THE BENEFICIARY DESIGNATIONS FOR THE SCPT RETIREMENT & DEFINED CONTRIBUTION FUND.

X _____
Spouse's Signature Printed Name Date Email Address or Phone Number

NOTARIZATION

(Note: A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.)

State of _____ County of _____

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on this basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under the PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

X _____
NOTARY SIGNATURE

Place Notary Seal Here:

PART 5—PARTICIPANT'S AUTHORIZATION

I AUTHORIZE THE FUND OFFICE TO EXECUTE MY DIRECTIONS AS SET FORTH ABOVE.

X _____
Participant's Signature Printed Name Date