

# INLAND

## Refrigeration & Air Conditioning

Health & Welfare Trust Fund and Retirement Trust Fund

Administered by

**Southern California Pipe Trades Administrative Corporation**  
501 Shatto Place, 5<sup>th</sup> Floor, Los Angeles, CA 90020  
(800) 595-7473 or (213) 385-6161

**Please Print & Use Black or Blue Ink Only**

**NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS**

### Section A. Member's Information

Name <i>(First, Middle, Last)</i>	S.S.# <i>xxx-xx-xxxx</i> <i>(only the last four digits are required)</i>	Local Union #
Address <i>(Street, City, Zip, State)</i>	Phone # <i>(xxx) xxx-xxxx</i>	Date of Birth <i>(mm-dd-yy)</i>

### Section B. SCPT Defined Contribution Fund

- NOTES:** (1) This Beneficiary Designation applies only to any account you may have in the Southern California Pipe Trades Defined Contribution Fund. To name Beneficiaries for the Inland Refrigeration Trust Funds, you must complete the separate Inland Refrigeration Enrollment and Beneficiary Form.
- (2) If you designate your spouse as a Beneficiary below then, if you divorce, your Beneficiary designation is automatically revoked and void, and you must sign a new Beneficiary designation naming your ex-spouse after the date of the divorce if you want him/her to continue to be your beneficiary.

#### Primary Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.  
I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

#### Contingent and Successor Beneficiary(ies)

If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).  
I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

