INLAND

Refrigeration & Air Conditioning

Health & Welfare Trust Fund and Retirement Trust Fund

Administered by

Southern California Pipe Trades Administrative Corporation

501 Shatto Place, 5th Floor, Los Angeles, CA 90020

(800) 595-7473 · (213) 385-6161 · Fax (213) 385-2767

Southern California Pipe Trades Defined Contribution Fund Beneficiary Designation Form

Please Print & Use Black or Blue Ink Only NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Section A. Member's Information

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

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).

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

I authorize the Southern California Pipe Trades Defined Contribution Fund to execute my directions as set forth above.

X

Signature of Member

Social Security Number

Date

THIS FORM MUST BE COMPLETED IN FULL AND IS INVALID WITHOUT THE MEMBER'S SIGNATURE AND INITIALS (and spouse's signature, if required, in Section D).

Section D. Spousal Consent

This section must be completed if you are married and any of the primary beneficiaries for the Southern California Pipe Trades Defined Contribution Fund is someone other than your spouse.

If you are not married, or if you listed your spouse as the only Primary Beneficiary for the Retirement Fund then do not complete this section.

1. Spouse's Signature

X Signature of Member's Spou		
Signature of Member's Spou	e Social Security Number	Date
2. Notarization		
State of		
County of	} SS.	
On	before me, Name and Title of Officer (e.	,
Date	Name and Title of Officer (e.	g., "Jane Doe, Notary Public")
personally appeared		
	Name of Signer	
	who proved to me on the basis of satis whose name is subscribed to the within me that he/she executed the same in that by his/her signature on the instrum behalf of which the person acted, execu-	n instrument and acknowledged to h his/her authorized capacity, and hent the person, or the entity upon
	I certify under PENALTY OF PERJUF California that the foregoing paragraph	
	WITNESS my hand and official seal.	
Place Notary Seal above	X Signature of Notary Public	