

FLINT PLUMBING & PIPEFITTING INDUSTRY PENSION FUND

PENSION FUND DATA FORM

**(DO NOT FILL OUT IF YOU ARE MARRIED OR YOU ARE A
BENEFICIARY ALREADY RECEIVING BENEFITS)**

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

<p>BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY</p> <p>I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.</p> <p>I hereby state that I am NOT married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):</p> <p>PENSION FUND DEATH BENEFIT BENEFICIARY:</p> <p>Beneficiary's Name (Please Print): _____</p> <p>Address: _____</p> <p>Social Security Number: _____ Date of Birth: _____</p> <p>Relationship: _____</p>

_____ Date

_____ Participant's Signature

PLEASE RETURN THIS ORIGINAL FORM TO:

**FLINT PLUMBING & PIPEFITTING INDUSTRY
PENSION FUND
6525 Centurion Drive
Lansing, MI 48917**

****If you have any questions, please contact the Fund Office at (517) 321-7502 or (888)797-5862. Office hours are 7:30 A.M. – 5:30 P.M.****