

PLUMBERS & STEAMFITTERS LOCAL 434 AND MCA SUPPLEMENTAL 401(k) RETIREMENT PLAN

Administrative Office
2002 London Road, Suite 300
Duluth, MN 55812
Telephone 218-728-4231 or (800) 570-1012

** This form requires completion if you are a new Participant or would like to change your beneficiary designation. **

BENEFICIARY DESIGNATION

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Social Security No.: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION

Check here if this is a change from a previous designation.

| | Name of Beneficiary | Relationship | Address of Beneficiary | Benefit % |
|-------------------|---------------------|--------------|------------------------|-----------|
| PRIMARY | _____ | _____ | _____ | _____ |
| PRIMARY | _____ | _____ | _____ | _____ |
| CONTINGENT | _____ | _____ | _____ | _____ |
| CONTINGENT | _____ | _____ | _____ | _____ |

(If more than one named, the surviving beneficiaries shall share equally unless otherwise stated above.)

SIGNATURES

Employee's Signature _____ Date _____

Witness _____

IF YOU ARE MARRIED AND DO NOT NAME YOUR SPOUSE AS BENEFICIARY, YOUR SPOUSE MUST SIGN THE CONSENT BELOW. Your signature MUST be witnessed by a Plan Representative or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing when you reach age 35.

SPOUSAL CONSENT: I consent to the above designation, and I waive all claims to said benefits. I understand it eliminates benefits otherwise payable to me if my spouse dies.

Spouse's Signature _____ Date _____

Witnessed before me this _____ day of _____, _____,

Plan Representative or Notary Public Signature

Notary Public Term Expires