

Colorado Pipe Industry Annuity and Salary Deferral Trust Fund	Designation of Beneficiary
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Personal Information

Last Name	First Name	M.I.	Social Security Number	
Street Address		City	State	Zip Code

Instructions: Using black ink only, complete this Designation of Beneficiary Form, make a copy for your records, and file the original with your Local Union. This Designation includes and is subject to the General Provisions on the reverse side, which should be read carefully before completing this form.

Upon filing of the form in accordance with the instructions noted above, I, the participant named above, hereby revoke any beneficiary designation I may previously have made under the above plan and designate the following as my beneficiary(ies) under the plan. I understand that if I am married and name primary beneficiaries other than my spouse for all or any portion of my vested account balance, my spouse must consent by signing on the back of this form and have that signature witnessed by either a plan representative or a notary public; otherwise my beneficiary designation will be invalid to the extent it designates any primary beneficiary other than my spouse.

Beneficiary Designations (All fields required) The form has space to name up to three primary and contingent beneficiaries. If you want to name more than three beneficiaries, attach a separate listing of your beneficiaries, with all required beneficiary information noted on the form (certain fields are inapplicable to non-individuals, such as an estate, trust, or charity).

Primary Beneficiary(ies)

Name	Share %	Relationship	Social Security No. or TIN	Current Address	Date of Birth
1.					
2.					
3.					
100%					

Contingent Beneficiary(ies)

Name	Share %	Relationship	Social Security No. or TIN	Current Address	Date of Birth
1.					
2.					
3.					
100%					

Current Marital Status (check one) Plan provisions and federal law requires that married participants must obtain their spouse's consent to name any other primary beneficiaries for any portion of the account. Failure to do so will invalidate the non-spouse beneficiary designation(s).

- Unmarried Participant:**
I am not married. I understand that if I become married in the future, my spouse will receive my entire vested account balance unless a new Designation of Beneficiary Form is filed with the spousal consent completed on the reverse side of the form.
- Married Participant:**
I am married. If I have named any primary beneficiary for any portion of my vested account, *other than my spouse*, my spouse has signed the consent on the reverse of this form, consenting to receipt of all or a portion of my vested account by another primary beneficiary.

Participant Signature*	Date*
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* Your form is not complete unless signed.
Confidential once Completed and Returned.

