

UPPER PENINSULA PLUMBERS' & PIPEFITTERS'
DEFINED CONTRIBUTION PLAN

DATA FORM

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

Participant Full Name (first, middle and last): _____

Complete Physical Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

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.

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):

DEFINED CONTRIBUTION DEATH BENEFIT BENEFICIARY:

Beneficiary Full Name (first, middle and last): _____

Complete Physical Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

Participant's Signature

Date Signed

**THE FUND OFFICE CANNOT ACCEPT A COPY OR A FAXED FORM.
PLEASE RETURN ORIGINAL FORM TO:**

UPPER PENINSULA PLUMBERS' & PIPEFITTERS'
DEFINED CONTRIBUTION PLAN
6525 Centurion Drive
Lansing, MI 48917

If you have any questions, please contact the Fund Office at (517) 321-7502 or (800) 342-1730. Office hours are 7:30 A.M. – 5:30 P.M.