

Pipe Trades Pension of Montana

Toll Free
(888) 290-3596

CompuSys, Inc.
2156 West 2200 South
Salt Lake City, UT 84119-1376

Fax
(801) 975-1342

BENEFICIARY DESIGNATION FORM

PLEASE PRINT

EMPLOYEE NAME			SOCIAL SECURITY NO.		LOCAL UNION NO.
(LAST)	(FIRST)	(INITIAL)			
ADDRESS			DATE OF BIRTH	SEX	MARITAL STATUS: SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
(STREET)	(CITY)	(STATE)	(ZIP)		
PRIMARY BENEFICIARY NAME			SOCIAL SECURITY NO.		
(LAST)	(FIRST)	(INITIAL)			
ADDRESS			DATE OF BIRTH	SEX	RELATIONSHIP SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <input type="checkbox"/>
(STREET)	(CITY)	(STATE)	(ZIP)		
CONTINGENT BENEFICIARY NAME			SOCIAL SECURITY NO.		
(LAST)	(FIRST)	(INITIAL)			
ADDRESS			DATE OF BIRTH	SEX	RELATIONSHIP SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <input type="checkbox"/>
(STREET)	(CITY)	(STATE)	(ZIP)		
DATE SIGNED	/	/	EMPLOYEE'S SIGNATURE	X	
DATE SIGNED	/	/	*SPOUSE'S SIGNATURE	X	

*(If married, spouse's signature is required)

SPOUSAL CONSENT

(If married, and primary beneficiary is not the spouse, the Spousal Consent must be completed and notarized.)

I declare that I am the participant's spouse. I voluntarily consent to the nonspouse beneficiary designation that appears on this card. I acknowledge that this designation may cause preretirement death benefits to be paid to someone else instead of me.

This instrument was signed before me on

Spouse's Signature

_____ 20_____

Notary Public for State of _____

(notary seal)

Residing in _____

Notary Signature

My commission expires _____