



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**
505 S BROADWAY, STE 117
WICHITA KS 67202-3922
Phone (316) 264-2339

BENEFICIARY DESIGNATION FORM - DEATH BENEFIT

PLEASE PRINT

PARTICIPANT NAME

PARTICIPANT SSN & DOB

PRIMARY BENEFICIARY
NAME, SSN, DOB

PRIMARY BENEFICIARY
RELATIONSHIP & HOME ADDRESS

CONTINGENT BENEFICIARY(S)
NAME, SSN, DOB

CONTINGENT BENEFICIARY(S)
RELATIONSHIP & HOME ADDRESS

PRINTED NAME

SIGNATURE OF PARTICIPANT

DATE SIGNED