



**PLUMBING AND PIPEFITTING INDUSTRY
HEALTH AND WELFARE FUND OF KANSAS**

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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