

PLUMBERS LOCAL UNION No.1 401(k) SAVINGS PLAN

Beneficiary Designation Form 367 PLAN 920010 SUBPLAN 000001

Keep a copy for your records and send the original to: Prudential, 30 Scranton Office Park, Scranton PA 18507-1789 or fax to (866) 439-8602.

(A) Member Information (PLEASE PRINT)

Please print using blue or black ink.

| | | | |
|----------------------------|----------------------------------------------------------------|--------------------------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (1) Social Security Number | (2) Last | (3) First | (4) Init. |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| (5) Street | | (6) City | (7) State (8) Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (9) Date of Birth | (10) Sex M <input type="checkbox"/> F <input type="checkbox"/> | (11) Home Phone Number / Cell Number | |
| <input type="text"/> | | | |
| (12) E-mail Address | <input type="text"/> | | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| (13) Retired | (14) Active | (15) Current or Last Employer | (16) Last date of Employment |

(B) Primary Beneficiary for Death Benefits for the 401 (k) Savings Plan: I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable at my death. If you have been married for at least one year, your primary beneficiary is automatically your spouse, unless your spouse consents in writing to the designation of a different beneficiary(ies) in section "D" below. You may attach a second form if you wish to name more beneficiaries (**Note: Percentage may be split, but must total 100%**)

| Name(s) of Primary Beneficiary(ies) | | | Percentage | Date of Birth | Social Security Number | Relationship to member |
|-------------------------------------|-------|-------|--------------|---------------|------------------------|------------------------|
| Last | First | Init. | (0% to 100%) | | | |
| (1) | 1 | | | | | |
| (1a) Address | | | | | | |
| (2) | 2 | | | | | |
| (2a) Address | | | | | | |

(C) Contingent Beneficiary for the 401 (k) Savings Plan: I hereby designate the following person(s) to be my Contingent Beneficiary(ies) to receive any benefits that become due as a result of my death if my Designated Primary Beneficiary(ies) dies **before** I die. If my Designated Primary Beneficiary(ies) dies **after** I die, any remaining benefits are paid to my Designated Primary Beneficiary(ies)' Designated Beneficiary(ies) or in accordance with the Fund's rules. You may attach a second form if you wish (**Note: Percentage may be split, but must total 100%**)

| Name(s) of Contingent Beneficiary | | | Percentage | Date of Birth | Social Security Number | Relationship to member |
|-----------------------------------|-------|-------|--------------|---------------|------------------------|------------------------|
| Last | First | Init. | (0% to 100%) | | | |
| (1) | 1 | | | | | |
| (1a) Address | | | | | | |
| (2) | 2 | | | | | |
| (2a) Address | | | | | | |
| (3) | 3 | | | | | |
| (3a) Address | | | | | | |

(D) Spousal Consent-this section is to be completed by your spouse if you are married and the primary beneficiary is not solely your spouse. I understand that by signing this form I am waiving rights as beneficiary of any payments due from the Plan and that I am consenting to the above beneficiary(ies). I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Spouse's Signature _____

Date _____

Signature of Notary Public _____

Sworn before me this _____ day of _____, 20____

(E) Authorization: For a complete description of Benefits, see the Summary Plan Description (SPD) or call the Fund Office.

By checking this box, I indicate that I am not legally married because:

I never married.

I'm divorced/marriage annulled - Date: _____

Widowed - Date: _____

Member's Signature: _____

Date: _____

I understand that distribution of benefits to my designated beneficiary(ies) shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation form supersedes any beneficiary designation currently in effect.

INFORMATION FOR BENEFICIARY DESIGNATION FORM

Instructions

1. Print clearly with a ballpoint pen. If you make an error, make the necessary correction by lining through the error and initialing the change. No erasures or correction fluid will be accepted.
2. Enter on the form the full name of your beneficiaries, percentage, date of birth, social security number (if known), relationship and the complete address for each. (if the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "contingent" beneficiaries. You must sign, date, and confirm your marital status under Section "E".
3. If a (%) is entered make sure the total equals 100%.
4. If you are married and your spouse is not your primary beneficiary, then your spouse must sign Spousal Consent Section "D".
5. Mail the completed form to Prudential at the address shown above.
6. After Prudential receives and reviews this form, your designated Beneficiaries will be recorded and listed on your quarterly statements. You may also view your Beneficiaries by logging on to your individual account at ua1.retirepru.com.

If you die, who receives your 401(k) Savings Plan Benefits?

Normally, your account balance will be paid in a lump sum to your designated beneficiary if you die before your account is distributed. If your designated beneficiary is your spouse, however, and your account is greater than \$5,000, your Spouse may defer the lump-sum death benefit payment to a future date, but not later than the April 1 of the calendar year immediately following the calendar year in which you would have reached age 70½. If you elected to take your distribution in equal payments and those payments have not been completed when you die, those payments will continue to be made to your beneficiary.

The Death Benefit is paid based on the last Beneficiary designation on file and currently in good order upon your death.

If your Beneficiary should die while receiving benefits and further payments are due for periods after death, such payments shall be made to your Beneficiaries' designated Beneficiary(ies).

If Death Benefits are paid to a minor, the Plan may pay the benefits due to the minor to the person having present custody or care of the minor and with whom the minor resides. The recipient on behalf of the minor must agree in writing to apply the payments solely for the minor's support and must comply with any other conditions established by the Trustees. The Trustees may also make payment to a minor by depositing the amount in an insured bank account for the minor and giving notice to the minor.

Designating A Beneficiary

You may designate one or more beneficiaries on the "Beneficiary Form" provided by Prudential, or by speaking with a live Prudential representative at 877-778-2100. If you are married for at least one year, you must designate your Spouse as your sole beneficiary unless your Spouse consents in writing to the election of another beneficiary. You may change your beneficiary at any time by filing with Prudential a written change of beneficiary, with the consent of your Spouse, where necessary. A designation of beneficiary will become effective only upon its receipt by Prudential. The last effective designation received by the Plan (or Prudential) prior to your death will supersede all prior designations. A designation of beneficiary will not be effective if the designated beneficiary dies before you.

If There Is No Beneficiary

If you fail to designate a beneficiary or if all designated Beneficiaries die or are invalidated and you die without having received the distribution of your account balance, the account balance will be distributed in the following order:

- (1) your surviving spouse (or the surviving spouse of your Beneficiary if your Beneficiary is receiving benefits);
- (2) your children (or the children of your Beneficiary if your Beneficiary is receiving benefits);
- (3) your parents (or the parents of your Beneficiary if your Beneficiary is receiving benefits);
- (4) your brothers and sisters (or the brothers and sisters of your Beneficiary);
- (5) or the personal representative of your estate, or your Beneficiary's estate if your Beneficiary is receiving benefits.

If there is more than one individual in a category stated above, the benefit will be divided equally among them unless you state otherwise in your beneficiary designation.