

Sprinkler Industry Supplemental Pension Fund

Beneficiary Designation Form

When you become covered by the Plan, you should designate a Beneficiary to receive your Individual Account if you die. You may change your designation at any time by filling out a new Beneficiary Designation Form ("Form"). If you are married, your Spouse is entitled to one-half of your Individual Account as a Preretirement Surviving Spouse Benefit. You may also designate your Spouse to be your Beneficiary for the Preretirement Death Benefit; your Spouse will then receive 100% of your Individual Account. You may also designate any other person to receive the other one-half of your Individual Account instead of your Spouse. In order for the Fund Office to contact your Beneficiary in the event of your death, please provide as much information requested below as is available.

Review your Beneficiary designation periodically and make changes as needed. If you have no designated Beneficiary, payment will be made to the categories of persons (for example, your children or parents) in the order stated in the Plan. A subsequent divorce from your Spouse will invalidate the designation of your former Spouse as your Beneficiary, in which case your former Spouse will be treated as predeceasing you, and, if desired, a new Form will be necessary after the divorce to reinstate your former Spouse as Beneficiary. A change in your Beneficiary designation is not effective until an original, signed version of your new Form is received in the Fund Office. You do not need to designate a Co-Beneficiary, Alternate Beneficiary, or Co-Alternate Beneficiary.

YOUR INFORMATION

NAME	SOCIAL SECURITY NUMBER	HOME PHONE
ADDRESS	BIRTH DATE	CELL PHONE
CITY	ST	ZIP
EMAIL ADDRESS		

PRIMARY BENEFICIARY

NAME	SSN	PERCENTAGE
ADDRESS	BIRTH DATE	
CITY	ST	ZIP
	RELATIONSHIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS

CO-PRIMARY BENEFICIARY (TO SHARE WITH THE PRIMARY BENEFICIARY, IF APPLICABLE. YOUR CO-PRIMARY BENEFICIARY WILL BE TREATED AS THE PRIMARY BENEFICIARY IF YOUR PRIMARY BENEFICIARY PREDECEASES YOU.)

NAME	SSN	PERCENTAGE
ADDRESS	BIRTH DATE	
CITY	ST	ZIP
	RELATIONSHIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS

ALTERNATE BENEFICIARY (USED IF NO PRIMARY/CO-PRIMARY BENEFICIARY)

NAME	SSN	PERCENTAGE
ADDRESS	BIRTH DATE	
CITY	ST	ZIP
	RELATIONSHIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS

CO-ALTERNATE BENEFICIARY (TO SHARE WITH THE ALTERNATE BENEFICIARY, IF APPLICABLE. YOUR CO-ALTERNATE BENEFICIARY WILL BE TREATED AS THE ALTERNATE BENEFICIARY IF YOUR ALTERNATE BENEFICIARY PREDECEASES YOU.)

NAME	SSN	PERCENTAGE
ADDRESS	BIRTH DATE	
CITY	ST	ZIP
	RELATIONSHIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS

This designation revokes any prior designation and is intended to be effective for any pre-retirement death benefit payable from the Sprinkler Industry Supplemental Pension Fund for which the Fund pays benefits to a Beneficiary. I understand and agree that the Trustees have the exclusive discretionary authority to interpret the terms of the Plan and this Form, resolve any ambiguities, and adjudicate any questions that arise with respect to the application of the Plan and this Form.

Signature

Date

Mail to: Sprinkler Industry Supplemental (SIS) Pension Fund | 8000 Corporate Drive | Landover, MD 20785