

Sprinkler Industry Supplemental Pension Fund

Beneficiary Designation Form

When you become covered by the Plan, you should name someone to receive your Individual Account if you die. You may change your beneficiary designation at any time by filling out a new Beneficiary Form. If you are married, your spouse is entitled by law 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 one-half of your Individual Account instead of your spouse. In order for the Fund to contact your beneficiary in the event of your death, please provide as much of the information for your beneficiary requested below as is available.

Review your beneficiary designation periodically and make changes as needed. If your designated beneficiary dies before you, payment will be made to the categories of persons (for example, your children or parents) in the order stated in the Plan. As provided in the Plan, a subsequent divorce from your spouse does not invalidate the designation of your former spouse as your beneficiary. A change in your beneficiary is not effective until the original form is received in the Fund Office.

YOUR INFORMATION

Name			Social Security Number			Home Phone		
Address			Birth Date			Cell Phone		
City		ST	ZIP	Email Address				

PRIMARY BENEFICIARY

Name			Percentage		
Address			Birth Date		
City		ST	ZIP	Relationship	
Home Phone	Cell Phone	Email Address			

CO-BENEFICIARY (to share with primary beneficiary if desired)

Name			Percentage		
Address			Birth Date		
City		ST	ZIP	Relationship	
Home Phone	Cell Phone	Email Address			

ALTERNATE BENEFICIARY

(to be used in the event your primary beneficiary dies before you)

Name			Percentage		
Address			Birth Date		
City		ST	ZIP	Relationship	
Home Phone	Cell Phone	Email Address			

CO-ALTERNATE BENEFICIARY

(to share with alternate beneficiary if desired)

Name			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 benefit payable from the Sprinkler Industry Supplemental Pension Fund for which the Plan pays benefits to a beneficiary.

Signature

Date

Mail to: SIS Pension Fund
8000 Corporate Drive
Landover, MD 20785