

United Association of Journeymen and Apprentices of the Plumbing and Pipefitting
Industry of the United States and Canada, Local 740 Pension Plan

MEMBER INFORMATION CARD

| PERSONAL INFORMATION | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------|---------------------------------|-----------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|
| Last Name | | | First Name | | | Initial |
| Date of Birth Day Month Year | | Sex | Social Insurance Number (SIN) * | | Certificate Number | |
| <p>* I hereby authorize the use of this number by the Plan Administrator for tax reporting and the administration of my benefits, as required.</p> <p>I hereby authorize the Plan Administrator to use the information provided by me on this card to administer my benefits and to meet the requirements of applicable legislation. I further consent to the release of this information to my local union office for authorization, if required under this Plan.</p> | | | | | | |
| Signature _____ | | | Date _____ | | | |
| HOME MAILING ADDRESS | | | | | | |
| Apt | Address | | | City, Town or Village | | |
| Province | | Postal Code | Phone () | | | |
| UNION INFORMATION | | | | | | |
| Most Recent Date Joined Day Month Year | | Local | Union ID | Signature of Local Union Official _____ | | |
| MARITAL STATUS | | | | | | |
| <input type="radio"/> Married | | <input type="radio"/> Common Law | | <input type="radio"/> Same Sex Partner | | <input type="radio"/> Separated |
| <input type="radio"/> Widowed | | <input type="radio"/> Single | | <input type="radio"/> Civil Union (for Quebec only) | | <input type="radio"/> Divorced |
| If you have a spouse, complete the spousal information section below. The definition of eligible spouse can be found in your Benefit Plan Booklet. | | | | | | |
| SPOUSAL INFORMATION | | | | | | |
| Last Name | | First Name | | Init | Date of Birth Day Month Year | Sex Date of Marriage/Co-habitation Day Month Year |

| BENEFICIARY DESIGNATION | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|---------------------------------------|--------------|------------|--|
| Last name | First Name | Init | Date of Birth Day Month Year | Relationship | Percentage | |
| | | | | | | |
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| <p>Note: Your spouse is the beneficiary of the pre-retirement death benefit relating to Post-1996 service and may be the beneficiary for Pre-1997 service, based on the Plan provisions. You may complete Beneficiary section above. If no Beneficiary, indicate "Estate."</p> <p>I hereby revoke all existing beneficiary(ies) designation(s) made by me for the United Association, Local 740 Pension Plan and designate the person(s) named in the above section "Beneficiary Designation" as my beneficiary(ies), if then living, to receive any benefits payable under the United Association, Local 740 Pension Plan upon my death, reserving to myself the right to change or revoke such appointment, notwithstanding acceptance thereof and subject to any legal restrictions, by written notice to the Plan Administrator.</p> | | | | | | |
| <p>Where Quebec law applies, a spouse as beneficiary is irrevocable (and cannot be changed without the written consent of the irrevocable Beneficiary unless you make the designations revocable). I hereby make the designation:</p> <p align="center"><input type="radio"/> Revocable <input type="radio"/> Irrevocable</p> | | | | | | |
| I hereby certify that all the statements and information on this form are true. | | | | | | |
| Member's signature _____ | | | Date _____ | | | |