FORM 3B

DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT DEATH BENEFIT UNDER LOCAL 441 PLUMBERS AND PIPEFITTERS RETIREMENT PLAN

TO: The Plan Administrator of Local 441 Plumbers and Pipefitters Retirement Plan

FROM: _____ ("Participant")

I, a participant in the Local 441 Plumbers and Pipefitters Retirement Plan (the "Plan"), wish to designate a beneficiary to receive a Contribution Refund Death Benefit in the event that I die before receiving benefits under the Plan and my Spouse (if I am married) is not entitled to a Spouse's Pension under the Plan. I designate _____.

Relationship: _____

Beneficiary's Address: _____

_____

_____

Beneficiary's Social Security Number: ____-___-_____

Beneficiary's Date of Birth _____

I hereby revoke any previous beneficiary designation for this Death Benefit.

_____
Participant Signature

Witnessed by Plan Representative or Notary Public

State of _____)
)ss.
County of _____)

On the _____ day of _____, 20_____, before me came _____, known to me to be the person described in, and who executed, the foregoing statement, and he/she duly acknowledged to me that he/she executed the same.

_____
□ Notary Public
□ Plan Representative