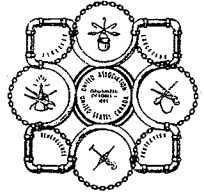


PLUMBERS AND PIPEFITTERS LOCAL 501 NORTHERN ILLINOIS BENEFIT FUNDS



1295 Butterfield Rd., Aurora, IL 60502-8879 • Ph (630) 978-4600 • Fax (630) 978-4616 • email: benefitfunds@ualocal501.org

ARRANGEMENT FOR DIRECTION OF PAYMENT

This arrangement is entered on _____ (date) pursuant to Treas. Reg. §1.401(a)-13(e). In accordance with these provisions, and with documents previously executed _____ (name), as a participant in or beneficiary of the Northern Illinois Pension Fund, provides direction for the Trustees of the Northern Illinois Pension Fund to pay to the Trustees of the Northern Illinois Benefit Fund from each monthly Northern Illinois Pension Fund benefit payment commencing on _____ (date of first withheld payment) a sum which equals the monthly self-payment amount necessary to maintain coverage elected under the Northern Illinois Benefit Fund Retiree Insurance Program. _____

(name) recognizes that he/she may revoke this Arrangement at any time and that this Arrangement shall require the Trustees of the Northern Illinois Benefit Fund to file Written Acknowledgment of the terms of this arrangement with the plan administrator, the Trustees of the Northern Illinois Pension Fund, within 90 days of the date this Arrangement is entered.

(Signature of Participant or Beneficiary)

(Social Security No.)