

Beneficiary Designation Form

The purpose of this form is for you to designate (or change a previous designation) of your beneficiary under the following plans:

- | | |
|-------------------|----------------------------------|
| 1) IBEW Local 332 | Pension Plan (Part A) |
| 2) IBEW Local 332 | Individual Account Plan (Part B) |
| 3) IBEW Local 332 | Health & Welfare Plan |

Any Death Benefits payable under the aforementioned plans will be made payable to the beneficiaries so designated. **Please note: If you are married and you have designated someone other than your spouse, the spousal consent portion on the reverse side must be completed and notarized before it will be accepted by the Trustees. In the event additional beneficiary space is needed, please attach an additional page.**

Name of Participant (Employee):

Last	First	Middle	Social Security Number	
Street Address		City	State	Zip
Date of Birth	Local Union	No.	City	State

INSTRUCTIONS: Mail this form to the mailing address shown above. These beneficiary designations shall take effect only when received by the Administrative Office.



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Beneficiary Designations

Please print full name Example: Mary A. Doe , not Mrs. John Doe. Example of Contingent Beneficiaries is as follows: To my spouse, Mary A. Doe , if living; if not living, then to my surviving children, share and share alike.					
1) Pension Plan (Part A)	Last				
	First		Middle		
	Street		City	State	Zip
	Date of Birth		Relationship		
2) Individual Account Plan (Part B)	Last				
	First		Middle		
	Street		City	State	Zip
	Date of Birth		Relationship		
3) Health & Welfare Plan	Last				
	First		Middle		
	Street		City	State	Zip
	Date of Birth		Relationship		

I designate the Beneficiary or Beneficiaries named on this form as my Beneficiary or Beneficiaries under the Plans named above.

Signature: _____

Dated at: _____ this _____ day of _____ 20_____

SPOUSAL CONSENT

I, _____, am the legal spouse of _____ (Spouse's Name)
(Participant's Name)

I hereby consent to my spouse's designation of _____ to receive any pre-retirement Death Benefits payable in the event of my spouse's death. I understand that as a result of my consent, I will not receive benefits from Part A, Part B or the Health & Welfare Plan if my spouse dies before retiring. Any later change to the Designated Beneficiary (check one) _____ does _____ does not require my written consent.

Signature of Spouse

(This area for official notarial seal)

ACKNOWLEDGEMENT OF NOTARY

(Individual)
STATE OF _____

COUNTY OF _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____