

I.B.E.W. LOCAL 332 TRUST FUNDS
Mailing Address: P.O. Box 5057, San Jose, CA 95150-5057 * Phone (408) 279-3131

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.



Fold Here

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	Social Security Number	
	Street	City	State	Zip	
	Date of Birth		Relationship		
2) Individual Account Plan (Part B)	Last	First	Middle	Social Security Number	
	Street	City	State	Zip	
	Date of Birth		Relationship		
3) Health & Welfare Plan	Last	First	Middle	Social Security Number	
	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 _____, 20 _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person _____ whose name _____ subscribed to the within instrument and acknowledged that _____ executed the same.

WITNESS my hand and official seal.

Signature: _____