

### 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 II 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

<b>Please</b> print full name • Example: <b>Mary A.</b> Doe, not Mrs. John Doe. Example of Contingent Beneficiaries is as follows: To <i>my</i> spouse, <b>Marv A.</b> Doe, if living; if not living, then to <i>my</i> 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 \_\_\_\_\_ 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: \_\_\_\_\_