

**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	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 \_\_\_\_\_ 19 \_\_\_\_\_

**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: \_\_\_\_\_