



## Eighth District Electrical Fringe Benefit Funds

August 2021

To: All Plan Participants

From: Board of Trustees of the Eighth District Electrical Pension Fund Annuity Plan

Re: Updated Beneficiary Form

Dear Member,

Enclosed you will find an updated Beneficiary Designation Form. Previously, Participants in the Annuity Plan could file or update Beneficiary Designation Forms with either the Administrative Office or with Prudential. However, to streamline the Annuity Plan's procedures, going forward, Annuity Plan Participants must file or update all Beneficiary Designations through the Administrative Office. You will no longer have the option to complete or update a Beneficiary Designation Form with Prudential.

**IF YOU ARE ALSO A PARTICIPANT IN THE EIGHTH DISTRICT ELECTRICAL PENSION PLAN,** you may have received an updated Beneficiary Designation Form with the Pension Plan's Notice that was recently mailed. As stated on the updated Beneficiary Designation Form, you have the option to select whether the Beneficiary Designation Form that you received applies to both the Pension and Annuity Plans, or just one of the Plans.

**IF YOU ARE A PARTICIPANT IN BOTH THE PENSION AND ANNUITY PLANS AND HAVE ALREADY COMPLETED AN UPDATED BENEFICIARY DESIGNATION FORM INDICATING THAT YOUR DESIGNATION APPLIED TO BOTH PLANS, YOU DO NOT NEED TO COMPLETE AND RETURN THE ENCLOSED BENEFICIARY DESIGNATION FORM UNLESS YOU WOULD LIKE TO MAKE FURTHER CHANGES TO YOUR BENEFICIARY DESIGNATIONS.**

Please return any completed Beneficiary Designation Forms to the mailing address listed at the bottom of this letter.

Should you have any questions about the Beneficiary Designation Form, please reach out to the Administrative Office at 844-989-2321.

Thank you,

Administrative Office

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

[www.8thDistrictBenefits.org](http://www.8thDistrictBenefits.org)

## **EIGHTH DISTRICT ELECTRICAL PENSION AND/OR ANNUITY FUNDS**

## BENEFICIARY DESIGNATION FORM

**PART A: General Information** (Please print all information)

Last Name:	First Name:	Middle Name:
Soc. Sec. No.: _____ - - - _____	Birth Date: Mo _____ Day _____ Year _____	Telephone #: ( _____ ) _____ - _____
Street Address:	City, State, Zip Code	Local Union No./NECA Chapter
Current Marital Status <input checked="" type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced	<input checked="" type="checkbox"/> Married, If Married, Spouse Name: _____ <input type="checkbox"/> Divorced and Remarried	Date Joined Union/NECA

**This Beneficiary Designation Form applies to the Eighth District Electrical Pension and Annuity Plans.** If you do not select individual Plans, All PLANS will apply. You should submit another form if designating a different beneficiary for each plan benefit.

**PART B: Beneficiary Designations** (Please print all information) (Additional forms may be used if needed)

**ALL PLANS**  
*If you do not select individual Plans, ALL PLANS will apply*

OR

ANNUITY PLAN  
 PENSION PLAN

The Beneficiary(ies) listed below shall receive benefits payable upon the listed participant's death from the Plans selected above. You may add a page if additional space is needed. List your beneficiary(ies) in the spaces provided below. At least one primary beneficiary must be selected. The percentages of your primary beneficiary(ies) must total 100%. If you designate a secondary beneficiary, the percentages for those beneficiaries must also total 100%. Otherwise, the remaining beneficiaries who do not have a stated percentage will equally share the remaining percentage.

Beneficiaries who do not have a stated percentage will equally share the remaining percentage				
Full Name of <b>PRIMARY</b> Beneficiary		Relationship to You	Social Security No.	Date of Birth
Street Address		City, State, Zip Code		Percentage of Interest
Full Name of <b>PRIMARY</b> Beneficiary		Relationship to You	Social Security No.	Date of Birth
Street Address		City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary				Date of Birth
Street Address		City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary		Relationship to You	Social Security No.	Date of Birth
Street Address		City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary		Relationship to You	Social Security No.	Date of Birth
Street Address		City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my death benefits. I understand that the designation of a spouse will automatically be revoked upon divorce, and a new designation will be required to name the ex-spouse as my beneficiary. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for my death benefits.

×

Participant Signature

Date

**Spouse Waiver Section – Only Complete this Section if the Spouse is not the Sole Primary Beneficiary:**

I am the legal spouse of the above-named participant. I have read an explanation of my right to receive a Qualified Pre-Retirement Survivor Annuity (lifetime monthly annuity) from the Pension and/or Annuity Plan if my spouse dies before benefit payments commence. I also understand the other death benefit(s) to which I may otherwise be entitled under the Pension and/or Annuity Plan(s). I hereby voluntarily consent to the beneficiary designation(s) my spouse has made above. I acknowledge the effect of my consent is that I will not receive the lifetime monthly annuity benefit that would otherwise may have been payable to me upon the participant's death.

×

Spouse Signature

Date

Subscribed and sworn to before me this

\_\_\_\_ day of \_\_\_\_\_.

Witness (Notary Public)