IBEW LOCAL 64 PROFIT SHARING PLAN

PH. (330) 779-8864 3660 STUTZ DR. STE. 101, CANFIELD, OH 44406 FX. (330) 270-3582

DEAR PLAN PARTICIPANT:

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union pension fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

PLEASE PRINT:

NAME_____ **SOC. SEC.#**_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP CODE**_____

BIRTH DATE_____ **MALE**___ **FEMALE**___ **MARRIED**___ **SINGLE**___

PHONE #_____ **EMAIL#**_____

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant should contact the Fund Office at the phone number listed above to request the Election To Waive Pre-retirement Survivor Annuity Form. If you complete this Beneficiary Form and elect a Primary Beneficiary other than your spouse without obtaining these additional forms, once you return this beneficiary form to the Fund Office, these waiver forms and notices will automatically be sent.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local pension fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME_____

SOC. SEC.#_____ **RELATIONSHIP**_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP CODE**_____

BIRTHDATE___/___/____

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME_____ **SSN#**_____
ADDRESS_____
CITY_____**STATE**_____**ZIP CODE**_____
RELATIONSHIP_____**BIRTHDATE**___/__/____
PERCENT _____

(Additional Contingent Beneficiaries may be listed on the reverse side)

-over-

NAME_____ **SSN#**_____
ADDRESS_____
CITY_____**STATE**_____**ZIP CODE**_____
RELATIONSHIP_____**BIRTHDATE**___/__/_____
PERCENT _____

NAME_____ **SSN#**_____
ADDRESS_____
CITY_____**STATE**_____**ZIP CODE**_____
RELATIONSHIP_____**BIRTHDATE**___/__/_____
PERCENT _____

_____ _____
Participant Signature **Date**

THE SPOUSAL CONSENT AND ACKNOWLEDGEMENT BELOW MUST BE COMPLETED IF SOME PERSON OTHER THAN THE PARTICIPANT'S SPOUSE IS DESIGNATED ON THE REVERSE SIDE OF THIS BENEFICIRY FORM AS A PRIMARY BENEFICIARY.

SPOUSAL CONSENT AND ACKNOWLEDGEMENT

I irrevocably hereby consent to the distribution of all or part of my spouse's vested interest under the above Plan to a beneficiary or beneficiaries, other than myself, as designated by my spouse on this form. I acknowledge that I understand the effect of such designation and of this consent thereto, namely that, in the event of my spouse's death, I will not be entitled to receive those amounts held under the Plan that are payable pursuant to the designation of this form to a beneficiary or beneficiaries other than myself and that I may not revoke this consent for any reason.

_____ _____ _____
Spouse's Name (print or type) Spouse's Signature Date

The foregoing spousal consent was signed before me, this _____ day of _____, _____.

Witnessed by:

_____
Notary Public