

**IBEW Local No. 684 Defined Benefit Pension Plan (PART A)**

**P O Box 1975 ♦ San Ramon, CA 94583**

**Phone (925) 208-9987 ♦ Toll Free (866) 242-1822**

**DESIGNATION OF BENEFICIARY**

Participant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: ☐ Single (Never Married) ☐ Married ☐ Widowed ☐ Divorced

**TYPES OF DEATH BENEFITS AVAILABLE:**

If you die before retirement, the Plan offers two forms of death benefits after you have satisfied certain age and service requirements as listed below:

1. A monthly annuity for life, payable to your spouse, (the Qualified Pre-Retirement Survivor Annuity), **or**
2. Any form of benefit allowed under the terms of the Plan, payable to your spouse or to another beneficiary.

**Note: If your spouse or other beneficiary elects to receive a benefit in a form of an annuity, payments are reduced to take into account the age of your spouse or other beneficiary, when benefits begin.**

**WHO IS YOUR BENEFICIARY**

1. Default Beneficiaries: If you do not designate a beneficiary and you die before retirement, benefits will be paid to your spouse. If you are not married at the time of your death, benefits will be paid to your children.
2. Other Beneficiaries: You may designate any person or persons to be your beneficiary, subject to the following rules:
  - a. If you are married, the designation of a primary beneficiary other than, or in addition to your spouse, will become effective **only** if your spouse consents in writing on this form.
  - b. If you are not married and have not designate a beneficiary at the time of your death, benefits will be paid according to the terms of the Plan.
  - c. The designation of your spouse as your beneficiary is **not** automatically revoked if you become divorced. (You should modify your beneficiary designation if your marital status changes.)
  - d. If you have been divorced, you must provide copies of your judgment(s) of divorce and marital settlement agreements, so the Plan can determine if a former spouse has a legal right to some or all of your death benefits.

**BENEFICIARY INFORMATION REQUIRED**

Please provide the full name of each beneficiary (for example, Jane Marie Doe, not Mrs. John R. Doe). To name more than three (3) Primary or Contingent beneficiaries, write the total number of beneficiaries on the first line (for example, "five beneficiaries") and attach a list showing the information about each beneficiary, sign the form, and if you are married, your spouse must sign the beneficiary form also. All Primary beneficiaries living at the time of death shall receive an equal share of the benefit. If no Primary beneficiaries are living at the time of death, all contingent beneficiaries shall receive an equal share of the benefit.

**NOTE: Benefits to Contingent beneficiaries become payable **ONLY** if no Primary beneficiaries are living at the time of your death.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DESIGNATION OF BENEFICIARY**

**PRIMARY BENEFICIARY:**

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

**CONTINGENT BENEFICIARY:**

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security# \_\_\_\_\_

**SPOUSAL CONSTENT – SPOUSE’S SIGNATURE MUST BE NOTARIZED IF A PERSON OTHER THAN YOUR SPOUSE IS NAMED AS THE BENEFICIARY**

I, \_\_\_\_\_, swear that I am the legal spouse of the employee listed above. I hereby consent to my spouse naming the beneficiary listed on this card to receive my spouse’s benefit. If my spouse dies before retirement and before my spouse qualifies for early retirement, I understand by this consent that I cannot unilaterally revoke this designation and that I will not be paid a survivor’s benefit.

DATE: \_\_\_\_\_ Spouse’s Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of: \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared  
DATE NAME, TITLE OFFICER –E.G; “JANE DOE, Notary Public

\_\_\_\_\_, 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 OF NOTARY OR AUTHORIZED PLAN REPRESENTATIVE