

IBEW Local No. 684 Profit Sharing Plan

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: _____ Social Security #: _____

DESIGNATION OF BENEFICIARY

P O Box 1975 ♦ San Ramon, CA 94583
(866) 242-1822

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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 CONSENT – 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