

LOCAL NO. 9 IBEW AND OUTSIDE CONTRACTORS DEFINED CONTRIBUTION PENSION FUND

BENEFICIARY DESIGNATION

Please complete this form in its entirety and return it to the Fringe Benefits Office at 18670 Graphics Drive, Suite 201, Tinley Park, Illinois 60477. **This form must be signed and dated by the Participant and sent to the Fringe Benefits Office to be valid.**

Name of Participant	Social Security Number
Daytime Phone Number	Home Phone Number
Street Address	City State Zip Code
Marital Status (circle one) <div style="display: flex; justify-content: space-around; font-size: small;"> Single Married Divorced </div>	Date of Birth

Please note: Under federal law, if you are married and you designate primary beneficiaries other than or in addition to your spouse and sign this form, your spouse must complete the Waiver of Spousal Benefit on the reverse side of this form. **Please note that the Waiver must be notarized.**

In accordance with the conditions of the IBEW Local No. 9 and Outside Contractors Defined Contribution Pension Fund, the Participant hereby revokes any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) and designates as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of Participant's death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
			Social Security Number	
			Social Security Number	
			Social Security Number	
			Social Security Number	
			Social Security Number	

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

In the event said primary beneficiary(ies) predecease(s) Participant, the Participant designates as contingent beneficiary(ies), the following:

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
			Social Security Number	
			Social Security Number	
			Social Security Number	
			Social Security Number	
			Social Security Number	

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL:** 100%

If no beneficiary or contingent beneficiary designated shall be living following the Participant's death, the amount payable by reason of the Participant's death shall be payable to the Participant's spouse, if living. If the Participant's spouse is deceased, the amount payable shall be paid to the Participant's estate.

Optional Election (please check if desired) ☐ **Common Disaster** The amount payable by reason of the Participant's death shall be paid to his/her primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies) is(are) living at the expiration of 24 hours following the Participant's death.

I reserve the right to change the designated beneficiary(ies) at any time.

If you are married and your spouse is herein named as a beneficiary and you subsequently obtain a divorce, this Beneficiary Designation form becomes null and void upon the date of the divorce.

Signature of Participant	Date Signed
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GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

"You" and "your" when used in this form and instructions means the Participant (see below).

Participant: The individual in whose name contributions have been made to the Local No. 9 IBEW and Outside Contractors Defined Contribution Pension Fund through a) worked performed under the Collective Bargaining Agreement between IBEW Local Union No. 9 and Middle States Electrical Contractors Association of the City of Chicago, and b) reciprocal fund transfers from participating funds as governed by The Electrical Industry Reciprocal Pension Agreement.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the defined contribution pension fund proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the defined contribution fund proceeds if your primary beneficiary(ies) predecease(s) you. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Common Disaster Clause: In this section, you may indicate that the defined contribution pension fund proceeds should be paid to your beneficiary(ies) only if they survive you by at least 24 hours. This provision ensures that your intentions are carried out in the event you and your beneficiary(ies) are involved in a common accident.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship to you (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Non-relative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
2. Complete the lower portion of the form with the information requested which pertains to you. Sign and date the form and return it to the Fringe Benefits Office at One Westbrook Corporate Center, Suite 430, Westchester, Illinois 60154. **The form must be signed and dated by the Participant to be valid, and it must be received at the Fringe Benefits Office or postmarked before the date of death of the Participant to be considered valid.**

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3, and 3 of 3. It is important that you review your beneficiary designation periodically to be sure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

PLEASE NOTE: If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.

Waiver of Spousal Benefit

Spouse's Statement:

I swear that I am the legal spouse of the above named participant.

I hereby consent to my spouse's assignment of beneficiaries instead of or in addition to myself. I understand that as a result I will not be paid any of the defined contribution benefits after my spouse's death except those that I may be entitled to as a beneficiary on this form.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

This form must be signed in the presence of a Notary Public if it is not signed at the Plan Administrator's office.

Spouse's signature

Date

Affix Notary Seal here

Notary Public or Plan Administrator

Date

Note: This waiver does not affect benefits payable under either the Local Union No. 9 IBEW & Outside Contractors Defined Benefit Pension Plan or the Local Union No. 9 IBEW & Outside Contractors Health and Welfare Fund.