

# EIGHTH DISTRICT ELECTRICAL PENSION AND/OR ANNUITY FUNDS

## BENEFICIARY DESIGNATION FORM

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

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

**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 OR  ANNUITY PLAN  
*If you do not select individual Plans, ALL PLANS will apply*  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.

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	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
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)