



## Local 26 IBEW-NECA Joint Trust Funds

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### **BENEFICIARY DESIGNATION FORM**

The purpose of this form is to allow you to name the person or persons to receive any benefits which may be payable upon your death under the provisions of the **Electrical Welfare Trust Fund, the Electrical Workers Local No. 26 Pension Trust Fund, and/or the Electrical Workers Local No. 26 Individual Account Plan**. You have the right to revoke and change these designations at any time by completing another designation of beneficiary form and filing it with the Fund Office.

You may name more than one Primary Beneficiary, and you may also name more than one Contingent Beneficiary. A Contingent Beneficiary would be entitled to receive benefits only if all designated Primary Beneficiaries predecease you. If more than one Contingent Beneficiary is designated and no Primary Beneficiary survives you, payment will be made in equal shares to the surviving Contingent Beneficiary or Beneficiaries.

**If you are married at the time you make this designation of beneficiary for the Individual Account Plan and/or Pension Trust Fund and you do not designate your spouse as sole primary beneficiary, your spouse must give consent in writing to that designation (see the *Spouse's Statements* section of this form).** Please remember that unless you change your designation your beneficiary will remain the same even if you subsequently obtain a divorce from that person. Therefore, if you become divorced please review the beneficiary designation that you have made.

#### **Member's Information**

Last Name	First Name	Middle Name
Street Address	City/State	Zip Code
Social Security Number	Date of Birth	Telephone Number

Marital Status (*Please Circle One*)      Single      Married      Divorced      Widowed

#### **Death Benefits Designation\* – ELECTRICAL WELFARE TRUST FUND**

Death Benefits to be paid to	Date of Birth	Relationship
Beneficiary's complete address		Beneficiary's Social Security Number
Participant's Signature (Not valid unless signed)		Date

**Primary Beneficiary\* – PENSION TRUST FUND**

Beneficiary's Name (1)	Social Security Number
Beneficiary's complete address	Relationship
Beneficiary's Name (2)	Social Security Number
Beneficiary's complete address	Relationship

**Contingent Beneficiary\* – PENSION TRUST FUND**

Contingent Beneficiary's Name (1)	Social Security Number
Beneficiary's complete address	Relationship
Contingent Beneficiary's Name (2)	Social Security Number
Beneficiary's complete address	Relationship

**Primary Beneficiary\* – INDIVIDUAL ACCOUNT PLAN**

Beneficiary's Name (1)	Social Security Number
Beneficiary's complete address	Relationship
Beneficiary's Name (2)	Social Security Number
Beneficiary's complete address	Relationship

**Contingent Beneficiary\* – INDIVIDUAL ACCOUNT PLAN**

Contingent Beneficiary's Name (1)	Social Security Number
Beneficiary's complete address	Relationship
Contingent Beneficiary's Name (2)	Social Security Number
Beneficiary's complete address	Relationship

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**MEMBER'S SIGNATURE**

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**DATE**

*Your signature required for this form to be valid.*

**\*If you have designated a minor (under the age of 18) as your primary or contingent beneficiary, you must complete "The Uniform Transfers To Minors Act" section on this form.**

## SPOUSE'S STATEMENTS

**If you are married and have designated a non-spouse beneficiary(s) to receive your Pension and/or Individual Account Plan benefits, your spouse must complete the following applicable section(s) and have the statement notarized if the non-spouse is to receive more than 50% of your accumulated shares.**

**Pension Trust Fund**

I, \_\_\_\_\_, swear that I am the legal spouse of the employee described hereon. I hereby acknowledge that I understand the Fund is obligated to pay retirement benefits of married participants in the form of a Qualified Pre-Retirement Survivor Annuity that provides me a lifetime pension actuarially equivalent to not less than 50% of my spouse's Accumulated Share in the Fund, if my spouse should die before payments begin. I also understand that my spouse has the right to waive this requirement if I consent to the waiver, and that the effect of the waiver is to cause more than 50% of my spouse's Accumulated Share to be paid to someone other than me. I understand further that my spouse may not name someone other than me as beneficiary to receive the benefit I otherwise would receive unless I consent to the designation of \_\_\_\_\_ as beneficiary(s). I understand that by consenting to another beneficiary I will not receive any benefits upon my spouse's death. I also understand that I may revoke this waiver at anytime prior to my spouse's death and my consent is required for any change in the designated beneficiary.

Spouse's Signature	Spouse's Social Security Number	Date
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**Individual Account Plan**

I, \_\_\_\_\_, understand that **I HAVE NOT** been designated as Primary beneficiary of \_\_\_\_\_ (Name of Member) and that **I WILL NOT** receive all or any benefits which may be available upon his/her death. I hereby consent to the designation of the beneficiary(s) identified. I understand that by consenting to another beneficiary I will not receive any benefits upon my spouse's death. I also understand that I may revoke this waiver at any time prior to my spouse's death and my consent is required for any change in the designated beneficiary.

Spouse's Signature	Spouse's Social Security Number	Date
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**Notary**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_.

