



Electrical Welfare Trust Fund • Electrical Workers Local No. 26 Pension Trust Fund • Electrical Workers Local No. 26 Individual Account Plan • Local Labor Management Cooperation Committee

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 INFORMATION		
Last Name	First Name	Middle Name
Street Address	City/State	Zip Code
Social Security Number	Date of Birth	Telephone Number
Marital Status (<i>Please Circle One</i>): Single Married Divorced Widowed		

DEATH BENEFITS DESIGNATION – ELECTRICAL WELFARE TRUST FUND			
PRIMARY BENEFICIARY		CONTINGENT BENEFICIARY	
BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH		DATE OF BIRTH
BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH	BENEFICIARY'S COMPLETE ADDRESS	DATE OF BIRTH
PENSION TRUST FUND – PRIMARY BENEFICIARY			
BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH		DATE OF BIRTH
BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH	BENEFICIARY'S COMPLETE ADDRESS	DATE OF BIRTH
INDIVIDUAL ACCOUNT PLAN – PRIMARY BENEFICIARY			
BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (1)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH		DATE OF BIRTH
BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER	BENEFICIARY'S NAME (2)	SOCIAL SECURITY NUMBER
BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP	BENEFICIARY'S COMPLETE ADDRESS	RELATIONSHIP
	DATE OF BIRTH	BENEFICIARY'S COMPLETE ADDRESS	DATE OF BIRTH

MEMBER'S SIGNATURE (REQUIRED FOR 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" section on this form.

DATE

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.

INDIVIDUAL ACCOUNT PLAN

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 all 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	Social Security #	Date
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PENSION 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 all 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	Social Security #	Date
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NOTARY PUBLIC

Sworn and subscribed to before me this _____ day of _____, 20____
Notary Public My Commission expires on _____ of _____, 20____

IF YOU HAVE DESIGNATED A MINOR AS YOUR BENEFICIARY

*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:

THE UNIFORM TRANSFERS TO MINOR ACT

I _____ here by transfer to _____
Name of Member/Participant Name of Custodian

or if he/she cannot or will not service, _____
Name of Alternate Custodian

for _____ and _____
Name of Minor Name of Minor

Under The Uniform Transfer to Minors Act.

On this _____ day of _____, 20____, before me, a notary public, came

_____ who did execute this verification in my presence.
Name of Member/Participant

Signature of Member/Participant

SEAL

NOTARY PUBLIC

DATE