

**PENSION PLAN FOR THE LOCAL UNION NO. 131  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**

**BENEFICIARY DESIGNATION FORM**

**INITIAL DESIGNATION  
CHANGE**

Name (Please Print): \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:            Married            Single

**IMPORTANT NOTICE TO MARRIED PARTICIPANTS**

If you are married, you may not name a sole primary beneficiary other than your spouse prior to the Plan Year in which you attain age 35 (or upon separation from service, if prior to age 35). Beginning with the Plan Year in which you attain age 35, you may designate someone other than your spouse as your beneficiary. However, if your spouse is not your sole-primary beneficiary, your designation will not be effective, unless your spouse completes the "Spousal Waiver of Pre-Retirement Survivor Annuity."

1) I direct that, upon my death, whether before or after retirement, any amount payable to me under the Plan be paid to the following person(s) as my primary beneficiary(ies):

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Name	Relationship	Percent
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Name	Relationship	Percent
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2) If, upon my death, no primary beneficiary is living, I direct that the payment of any such amount be made as follows:

To my surviving children in equal shares.  
To the person(s) listed below (fill in only if you do not choose the above).

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Name	Relationship	Percent
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Name	Relationship	Percent
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**NOTE: Unless otherwise designated, all proceeds will be payable in equal shares if more than one primary or contingent beneficiary is listed above.**

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<b>Date</b>	<b>Participant's Signature</b>
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**Witness**

**IF YOU ARE MARRIED AND YOUR SPOUSE HAS NOT BEEN NAMED AS YOUR SOLE PRIMARY BENEFICIARY, THEN THE SPOUSAL WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY ON THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED.**

**SPOUSAL WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY**

The Retirement Equity Act of 1984 requires that the Plan provide automatic survivor benefits to the spouse of a married participant who dies prior to the date benefit payments begin under the Plan. In the event a married participant dies prior to retirement (or termination of employment), the death benefits payable under the Plan will automatically be paid to the participant's spouse in the form of a "pre-retirement survivor annuity." This annuity will be payable over the spouse's lifetime. The spouse may request another form of payment, such as lump sum distribution, in lieu of the survivor annuity.

If you have designated someone other than your spouse as your beneficiary under the Plan, the qualified pre-retirement survivor annuity will not be effective.

The law requires that any election out of the qualified pre-retirement survivor annuity, or a designation of a non-spouse beneficiary will not be effective, unless the participant's spouse has consented to the election in writing. The spouse's consent must acknowledge the effect of the election and must be witnessed by a Plan representative or a Notary Public.

**If you have designated a beneficiary other than your spouse, the next portion of this form must be completed:**

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that my spouse's beneficiary designation is not valid, unless I consent to it; (3) that my consent is irrevocable, unless my spouse revokes the beneficiary designation.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Witnessed by:

\_\_\_\_\_  
(Plan Representative)

\_\_\_\_\_  
(Participant's Spouse)

OR

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed and sworn to before me personally, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

\_\_\_\_\_  
County, Michigan

My Commission expires: \_\_\_\_\_