

**FOR MEMBERS OF INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS' LOCAL NO. 445 PENSION FUND
(DO NOT FILL OUT IF YOU ARE MARRIED OR YOU ARE A
BENEFICIARY ALREADY RECEIVING BENEFITS)**

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.

I hereby state that I am **NOT** married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):

PENSION FUND DEATH BENEFIT BENEFICIARY:

Beneficiary's Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

_____ **Date**

_____ **Participant's Signature**

PLEASE RETURN THIS FORM TO:

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS' LOCAL NO 445 PENSION FUND
2002 London Rd. Suite 300
Duluth, MN 55812**

If you have any questions, please contact the Fund Office at (855) 633-4584. Office hours are 8:00 A.M. – 5:00 P.M.