IBEW Local 306 Pension-Annuity Plan BENEFICIARY DESIGNATION FORM



- Use this form to designate your beneficiary(ies) to receive any benefits payable under the Plan in event of your death. Use the legal name and social security number for each beneficiary (e.g., Mary B. Jones not Mrs. John Jones). You may use a separate sheet to list additional beneficiaries and attach it to this form if necessary.

- Review your beneficiary designation any time your marital status changes.
- You may change your designation of beneficiary at any time by completing a new Beneficiary Designation Form.

I. PARTICIPANT INFORMATIO	DN	- PA				
Social Security Number						
Last Name		First Name				
2. BENEFICIARY(IES) DESIGNA	TION					
If you are married and you do not name your spouse's signature in the SPOUS, upon your death will be divided equal Be sure that the total benefit percentage multiple primary beneficiaries survive (2) If all of your primary beneficiary(i	ne your spouse as the sole pri AL CONSENT section below. Iy among your primary benefic es payable to primary benefic is you, he or she will receive	If you name more ficiaries, unless you traines equals 100% 100% of the bene	e than one pou indicate o %. Unless y fits that wou	rimary beneficiary, otherwise in the ben ou indicate otherwi tld have otherwise	the Plan benefit payable sefit percentage column. se: (1) If only one of the been payable to you and	
Beneficiary's Name	Social Security Number	Date of Birth	Spouse: Yes or No	Benefit Percentage	Primary/Secondary Beneficiary	
1.						
2.		ļ				
3. 4.						
Married (If you are married, your of Not Married and there are no Pla your new spouse will automatical spouse completes Section 4 below 4. SPOUSAL CONSENT I have voluntarily consented to permit understand that: (1) the effect of my c my spouse's designation of another prevokes this waiver.	n benefits payable to a forme lly become your beneficiary, w.) t my spouse to name a benefi onsent will be to forfeit bene	er spouse under a unless you compl ciary other than n fits I would other	qualified do ete a new B ne to receive wise be enti	mestic relations or eneficiary Designa the death benefit of the to receive upon	der. (If you later marry, tion Form and your new due under the Plan and I may spouse's death. (2)	
Spouse's Signature Date						
On(date) be instrument, acknowledging that he/sh	fore me, personally appeared e is the participant's spouse a		gned this ins		Name) and executed this free act and deed.	
Signature of Notary Public/Plan Representative			My commission expires on			
5. PARTICIPANT SIGNATURE						
I hereby make the designation of bene that I may only change the beneficiar						
Participant Signature			Date	Date		
6. RETURN FORM						
Please return completed form to:	IBEW Local 306 Pension- 33 Fitch Blvd. Austintown, OH 44515	Annuity Plan				

CV(14)651022-011 08/04/06