## IBEW Local 306 401(k) Plan **BENEFICIARY DESIGNATION FORM**

1. PARTICIPANT INFORMATION



- 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.

Social Security Number					
Kiai Security Number					
ast Name		First Name			M.I.
BENEFICIARY(IES) DESIG	CNATION	<del></del>			
our spouse's signature in the SPC pon your death will be divided e e sure that the total benefit perce sultiple primary beneficiaries su	name your spouse as the sole pri DUSAL CONSENT section below qually among your primary benefin ntages payable to primary benefic vives you, he or she will receive ary(ies) predecease you, your pla	If you name mor ficiaries, unless you ciaries equals 100 100% of the bene	re than one pour indicate of the control of the con	rimary beneficiary, otherwise in the ben ou indicate otherwi uld have otherwise	the Plan benefit payab lefit percentage colum se: (1) If only one of to been payable to you as
Beneficiary's Name	Social Security Number	Date of Birth	Spouse: Yes or No	Benefit Percentage	Primary/Secondary Beneficiary
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derstand that: (1) the effect of i	ermit my spouse to name a benefi my consent will be to forfeit bene er primary beneficiary is not valid	fits I would other	wise be enti	tled to receive upor	n my spouse's death.
pouse's Signature	<del> </del>	· .	Date		<del></del>
On(date) before me, personally appeared			(Name) and executed ti		
	e/she is the participant's spouse		gned this in		
Signature of Notary Public/Plan Representative			My commission expires on		
PARTICIPANT SIGNATU	RE				·
	beneficiary(ies) specified above a iciary(ies) named above by filing				
articipant Signature	<del></del>	Date	·		
RETURN FORM					
	TDF1111 1 100 40141 1				
lease return completed form to:	IBEW Local 306 401(k) I	'lan			

CV(14)651021-011 08/04/06