I.B.E.W. LOCAL NO. 32 - NECA PROFIT SHARING ANNUITY PLAN 33 Fitch Boulevard Austintown, OH 44515

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for your benefit under the I.B.E.W. Local No. 32 - NECA Profit Sharing Annuity Plan upon your death. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

PLEASE PRINT:	soc	. SEC.#	
ADDRESS			
ZIP CODE HOME PHON	TE: ()	BIRTH	DATE
MALE FEMALE MARRI	EDSING	LE	
BENEFICIARY (IES) DESIGNATIO	<u>on</u> :		
retirement Survivor Annuity Form elect a Primary Beneficiary oth additional forms, once you return waiver forms and notices will audiver forms and for	ner than your this beneficiar tomatically be named below ander the I.B.E	spouse withoury form to the sent. as my primar .W. Local No. prior benefic	t obtaining these Fund Office, these y and contingent 32 - NECA Profit iary designations,
SOC. SEC.#	RELATIONSHIP		
ADDRESS			
CITY	STATE	ZIP	CODE
BIRTHDATE/			
CONTINGENT BENEFICIARY If a	it the time o	f vour deat	h vour primary
beneficiary is also deceas			
would become your beneficia			
NAME			
ADDRESS			
CITY	STATE	ZIP	CODE
RELATIONSHIP		BIRTHDATE	
(Additional Contingent Bene side)	ficiaries ma	y be listed	on the reverse