

I.B.E.W. LOCAL 540 PENSION PLAN

33 FITCH BLVD
AUSTINTOWN, OHIO 44515
1.800.435.2388

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 this local union pension fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office. It is very important for you to keep your beneficiary form current, especially if your spouse dies, if you get divorced, if you get married, or if you remarry.

PLEASE PRINT:

NAME _____ SOC. SEC.# _____

ADDRESS _____

ZIP CODE _____ HOME PHONE: (____) _____ BIRTH DATE _____

MALE ____ FEMALE ____ MARRIED ____ SINGLE _____

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant should contact the Fund Office at the phone number listed above to request the Spousal Consent and Acknowledgment Form. If you return this Beneficiary Form and elect a Primary Beneficiary other than your spouse without completing the Spousal Consent and Acknowledgment Form, the form will automatically be sent to you for completion by your spouse.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local pension fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME

SOC. SEC.# _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE ____ / ____ / ____

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME _____ SSN# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RELATIONSHIP _____ BIRTHDATE ____ / ____ / ____

(Additional Contingent Beneficiaries may be listed on the reverse side)

Signature _____ Date _____