## International Brotherhood of Electrical Workers #64 Pension Plan

## DEAR PLAN PARTICIPANT:

PLEASE PRINT:

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 retirement fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

NAME		SOC. SEC.#	
ADDRESS			
ZIP CODE	HOME PHONE: (	)B	IRTH DATE
MALE FEMALE	MARRIED	SINGLE	
BENEFICIARY(IES) DESIGNATION:			
If the Plan Participant is married and the <u>primary</u> beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant <u>should</u> contact the Fund Office at the phone number listed above to request the Election To Waive Pre-retirement Survivor Annuity Form. If you complete this Beneficiary Form and elect a Primary Beneficiary other than your spouse without obtaining these additional forms, once you return this beneficiary form to the Fund Office, these waiver forms and notices will automatically be sent.			
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	STAT	E	ZIP CODE
BIRTHDATE / /	<del></del>		
primary benefici beneficiary would NAME	ary is also dece become your benef	eased, your iciary:	your death, your named contingent
ADDRESS	STATE		ZIP CODE
			ATE / / be listed on the
Signature		_ Date	