## IBEW LOCAL UNION 124 FRINGE BENEFIT FUNDS BENEFICIARY DESIGNATION FORM

PART A: PARTICIPANT INFORMATION						
First Name:	Middle Name:		Last Name:			
Social Security Number:	Date of Birth:		Telephone Number:			
Street Address:	1	City, State, ZI	P:			
Marital Status:   Single, Never Married  Married  Married  Divorced  Divorced and Remarried						
Current Spouse's Name, If Applicable:		Current Spouse's Social Security Number, If Applicable:				
PART B: FUND SELECTION						
Check the box next to the Fund or Funds to which this beneficiary designation applies. If you want to designate different beneficiaries for different Funds, you must complete a separate Beneficiary Designation Form.						
□ Health & Welfare □ Pensio	n 🗆 An	inuity		□ 401(k)	Vacation	
NOTE: IF YOU ARE MARRIED AND WISH TO DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE WITH RESPECT TO THE PENSION, ANNUITY, AND/OR 401(k) FUNDS, YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOU SUBMIT A COMPLETED SPOUSAL CONSENT FORM. CONTACT THE FUND OFFICE FOR MORE INFORMATION.						
PART C: BENEFICIARY DESIG	NATIONS					
The Beneficiaries listed below shall receive benefits that may be payable upon your death. Such benefits shall be paid first to any surviving PRIMARY beneficiary in accordance with the percentage share you designate. If no PRIMARY beneficiaries survive you, then benefits shall be paid to any surviving CONTINGENT beneficiary in accordance with the percentage share you designate. If no beneficiaries survive you, then benefits shall be distributed in accordance with the terms of each benefit fund's rules.						
Name of PRIMARY Beneficiary:	Relationship to You:			Security Number:	Date of Birth:	
Phone Number:	Street Address, City, State, ZIP:			Percentage:		
Name of PRIMARY Beneficiary:	Relationship to You: Social		Social S	Security Number:	Date of Birth:	
Phone Number:	Street Address, City, State, ZIP:			Percentage:		
Name of CONTINGENT Beneficiary:	Relationship to You:	5	Social S	Security Number:	Date of Birth:	
Phone Number:	Street Address, City, State, ZIP:		Percentage:			
Name of CONTINGENT Beneficiary:	Relationship to You:	5	Social S	Security Number:	Date of Birth:	
Phone Number:	Street Address, City, S	State, ZIP:			Percentage:	
I designate the above person(s) to receive any benefits from the benefit funds identified in Part B that may be payable upon my death. I understand that filing this beneficiary designation form shall revoke any and all prior beneficiary designations made by me with respect to the benefit funds identified in Part B. I understand that filing a subsequent beneficiary designation through Principal, including through the Principal website, will result in the revocation of this and any prior beneficiary designation with respect to the Annuity and/or 401(k) funds only.						

I understand that if I am married, this beneficiary designation form will not be valid with respect to the Pension, Annuity, and 401(k) funds unless I also submit a completed spousal consent form.

I understand that if I designate a spouse, such designation shall be null and void upon divorce and a new beneficiary designation form will be necessary to designate my former spouse as my beneficiary.

Participant's Signature

Date

## IBEW LOCAL UNION 124 FRINGE BENEFIT FUNDS SPOUSE'S CONSENT TO WAIVE PRE-RETIREMENT DEATH BENEFITS

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_, who is a participant of certain fringe benefit funds administered by the IBEW Local 124 Benefit Center.

I understand that I have a right to certain benefits that may be payable if my spouse dies before beginning to receive retirement benefits.

I certify that I have reviewed the Beneficiary Designation Form signed by my spouse on \_\_\_\_\_\_, 20\_\_\_\_\_, and I consent to the election(s) made by spouse. Specifically, I consent to waive the following death benefits (check as applicable):

□ Local Union No. 124 IBEW Pension Trust: Pre-Retirement Surviving Spouse Pension. This benefit is equal to 50% of the adjusted pension that the participant would have been eligible to receive had the participant retired with a Husband-and-Wife pension on the participant's date of death.

□ Local Union No. 124 IBEW-NECA Annuity Trust Fund: Pre-Retirement Surviving Spouse Benefit. This benefit is a lifetime monthly annuity that is actuarially equivalent to the participant's accumulated share as of the participant's date of death. A surviving spouse may also elect a distribution in the form of a lump sum payment or equal monthly installments for 36, 60, or 120 months.

 $\Box$  Local Union No. 124 IBEW-NECA 401(k) Trust Fund: Married Participant's Death Benefit. This benefit is equal to the participant's entire account balance.

I understand that, by consenting to the Beneficiary Designation Form, some or all of the death benefits that may be payable to me will instead be paid to the person(s) identified on the Beneficiary Designation Form.

I understand that my consent is voluntary. I also understand that my consent is irrevocable upon receipt by the Fund Office.

(Spouse's Signature)	(Date)
STATE OF )	
Subscribed and sworn to before me this	day of, 20
My Commission Expires:	Notary Public