WISCONSIN NECA-IBEW RETIREMENT PLAN
2730 DAIRY DRIVE SUITE 101
MADISON WI 53718
(608) 276-9111 or (800) 422-2128

Members Name:_____

Members Social Security Number:_____

As a participant in the above Plan, you may designate a beneficiary to receive plan benefits in the event of your death.

Note that if you elect someone other than your spouse as primary beneficiary, your spouse must read and sign the consent in Section B in the presence of either a plan representative or notary public.

If you are under age 35, your designation of a non-spouse beneficiary becomes invalid on the beginning of the plan year in which you turn age 35. At that time, you must complete a new Beneficiary Designation Form with proper spousal consent in order to continue to name a non-spouse beneficiary under the plan.

I hereby revoke all prior designations of Primary Beneficiaries and Contingent Beneficiaries for my Plan account and designate the following Beneficiaries.

PRIMARY BENEFICIARY'S NAME

Beneficiary Name	Relationship	Address	Benefit %

CONTINGENT BENEFICIARY NAME
(A contingent beneficiary receives the death benefit if the primary beneficiary predeceases you)

Beneficiary Name	Relationship	Address	Benefit %

I (please print your name) _____
Understand that to be effective, a beneficiary designation form must be signed by me. Any previous beneficiary designation made by me is hereby revoked.

_____ _____
Participant's Signature Date

SECTION B:

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand:

(1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein;
(2) that such beneficiary designation is not valid unless I consent to it;
(3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

_____ _____

Spouse's Signature Date

Witness by Plan Representative:

This beneficiary designation form was witnessed on _____

BY:_____ Title:_____

OR

Witness by Notary Public:

State of: _____

County of: _____

Signed or attested before me on this date _____

Signature of Notarial Officer: _____

Seal or Stamp of Notarial Officer: