

**Beneficiary Designation**

**Form 1**

PLEASE read all instructions carefully. PRINT your answers to all questions. Be sure to sign and date the form and return it to the Fund Office. If you need assistance in completing this form, contact the Fund Office at (502) 635-2611 or (800) 427-2495.

**Participant Information**

Participant's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status (Check One):

- Single/Not married (if you later marry, your new spouse is automatically your primary beneficiary unless you complete a new form)
- Married (if naming anyone other than your spouse as a primary beneficiary, your spouse must complete the *Spousal Waiver*)
- Divorced
- Widowed

Please note: If you marry and later divorce, the designation of your former spouse as beneficiary will be nullified at the time the divorce is final unless a QDRO or divorce decree states otherwise. If the designation is nullified, any benefit that may become payable upon your death following the divorce will be paid to your estate, unless you submit a new Beneficiary Designation form to the Fund Office.

**Primary Beneficiary(ies)**

I, the undersigned, revoke any and all prior beneficiary designations made by me with respect to the Electrical Workers Local Union No. 369 Retirement Plan and direct that any benefits payable under the Plan upon my death be paid to the following primary beneficiary for the percentage indicated (or equally to the following primary beneficiaries if no percentage is indicated):

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

**Secondary Beneficiary(ies)**

In the event that all of the above-named beneficiaries die before the full amount of my benefits, if any, has been paid, I direct that my entire remaining interest in the Fund be paid to the following secondary beneficiary for the percentage indicated (or equally to the following secondary beneficiaries if no percentage is indicated):

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

**Certification**

I understand that if I am married, my spouse **must** consent, in writing on the *Spousal Waiver* portion of this form, to my designation of another beneficiary. If I am presently unmarried (“unmarried” means I have never been married, or, if I was once married, I am not currently married because my marriage has been legally dissolved or because my spouse has died), no such spousal consent is necessary.

The above designation will become effective without further notice upon the Plan’s receipt of this form before my death and, if necessary, with the written consent of my spouse, and is subject to all of the terms and conditions of the Fund and its governing documents.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spousal Acknowledgement/Waiver**

**Your spouse must complete this section if you are married and are designating someone other than your spouse as your primary beneficiary.**

I, the undersigned spouse of the above-named participant in the Electrical Workers Local Union No. 369 Retirement Plan, swear that I am the legal spouse of the participant. I understand that I have the right to withhold my consent, without which my spouse may not designate someone else as my spouse’s primary beneficiary. I voluntarily relinquish the right to these benefits. I have read the *Pre-Retirement Survivor Benefits (Notice 1)* and understand that I have a right to the Pre-Retirement 50% Joint and Survivor Annuity Pension or the 75% Joint and Survivor Annuity Pension from the Plan if my spouse dies before receiving benefits and that by signing below I am giving up my right to this and any other survivor benefit payable under the Plan. I voluntarily consent to the designation of the beneficiary named on this form. I understand that my spouse will not be able to change the designated beneficiary to anyone other than myself without my consent.

Spouse’s Name: \_\_\_\_\_  
Last First Middle

Spouse’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed in the presence of a Plan Representative, spouse’s signature must be notarized.

**Notarization**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On \_\_\_\_\_ (date), \_\_\_\_\_ (Representative’s Name), executed the foregoing statements and duly acknowledged to me that he/she executed the same.

Notary Public’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expires: \_\_\_\_\_ (Seal)