

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: _____

