

## DESIGNATION OF BENEFICIARY

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The purpose of this form is to allow you to name a beneficiary or beneficiaries to receive your benefits from the plans named below in the event of your death. In the event that you have an outstanding loan to the Educational and Cultural Trust Fund at the time benefits become payable to you or your beneficiaries, this Designation of Beneficiary form designates the Educational and Cultural Trust Fund to be your primary beneficiary up to the amount necessary to pay off any outstanding loans which exist at the time of your death. If you do not name a beneficiary, the benefits will automatically be paid to your surviving spouse or to other priority survivors as determined by the plans.

**All participants must complete Part IV on Page 3 and have their signature notarized in order for the beneficiary designation to be valid.**

Upon your death, the beneficiary or beneficiaries you name on this form will receive the benefits that you may have been entitled to in addition to any death benefits that are payable under any of the specified plans. If you name more than one beneficiary other than the Educational and Cultural Trust Fund, the benefits will be paid in equal shares to the named beneficiaries surviving at the time of your death.

**CAUTION:** If you are married and wish to name someone other than your spouse or someone in addition to your spouse as your beneficiary, you must acknowledge that this designation will affect the survivor annuity rights of your spouse and you must obtain the written consent of your spouse. **In this case, your spouse's signature must be notarized on Page 4, Part V.**

If, after you have submitted this form to the Plan Administrator, you become married or divorced or if you wish to change the beneficiary you named on this form, you must complete and submit a new Designation of Beneficiary Form.

The person(s) you name as your beneficiary may be entitled to receive disbursements from the following plans which are administered by the Joint Industry Board of the Electrical Industry:

Additional Security Benefits Plan	Educational and Cultural Plan
Annuity Plan	Deferred Salary Plan
Health Reimbursement Account Plan	Vacation/Holiday/Unemployment Plan - (Account Balance Plan Only)

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**Please refer to your Summary Plan Description booklet for each plan for additional information concerning your rights and the benefits available to you under the Plans.**

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**DESIGNATION OF BENEFICIARY**

**Part III**

I hereby designate the Educational and Cultural Trust Fund, up to the amount of any outstanding loans I may owe, to be my primary beneficiary. For all funds over and above the amount necessary to pay off the loans, I hereby designate below the person(s) to receive the benefits from the plans administered by the Joint Industry Board of the Electrical Industry listed on page 1, which are payable upon my death subject to the terms of the plans. This designation supersedes any prior designations and shall remain effective until a subsequent Designation of Beneficiary Form, made in writing and signed by me, is received by the Plan.

Name	Address	Relationship	Date of Birth
_____	_____	_____	_____
		Soc. Sec. No. _____	
_____	_____	_____	_____
		Soc. Sec. No. _____	
_____	_____	_____	_____
		Soc. Sec. No. _____	

**Part IV**

**PARTICIPANT'S STATEMENT**

I have designated the person(s) named in Part III to be my beneficiary(ies) under the Plan(s) in which I participate. I understand that if I am married and have properly designated someone other than my spouse as beneficiary of the Plans indicated on page 1, no benefits will be paid to my spouse after my death other than those benefits which may be paid only to a surviving spouse under the provisions of certain Plans.

I also understand that if I am married and have designated a beneficiary in addition to or other than my spouse, this designation will be valid only if my spouse consents to it at the time this designation is made. To show consent, my spouse must sign page 4 on the line called "Spouse Consent Signature". This signature must be witnessed by a Notary Public. If I am currently unmarried and subsequently marry or remarry after being divorced, or upon the death of my spouse, I shall execute a new Designation of Beneficiary form and comply with the spousal consent requirements, if applicable.

- Check one:
- I have designated my spouse as sole beneficiary (page 4 need not be completed).
  - I am not legally married at this time.
  - My spouse is deceased, date of death: \_\_\_\_\_.
  - My spouse has given consent on page 4 to the beneficiary(ies) named on page 3.
  - I am unable to locate my spouse. (Additional documentation must be submitted).

I have read the foregoing statements and checked the appropriate statement and I agree to indemnify and hold harmless the fiduciaries of the Plans from any damages, fines, penalties and litigation costs incurred as a result of their actions taken in reliance upon the statements made herein.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_  
to me known and known to me to be the person described herein and who executed both the foregoing statement and Designation of Beneficiary and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

