

Important Beneficiary Information

When you complete your *Designation of Beneficiary Form* (“Beneficiary Form”), you are naming a person or persons who will receive, upon your death, any remaining account balance or death benefit in one or more of the following benefit plans:

- ▲ The Additional Security Benefits Plan of the Electrical Industry
- ▲ The Annuity Plan of the Electrical industry
- ▲ The Deferred Salary Plan of the Electrical Industry
- ▲ The Health Reimbursement Account Plan of the Electrical Industry
- ▲ The Vacation, Holiday and Unemployment Plan of the Electrical Industry

You must name the same beneficiary(ies) for all plans.

While each plan has some unique beneficiary rules, there are some rules that apply to each of the above-referenced plans that you should keep in mind:

1. If you are divorced, upon your death your ex-spouse will be entitled to some of your benefit plan account balances unless you remove him or her as your named beneficiary.
 - a. If you divorce and leave your ex-spouse as your named beneficiary, do not re-marry, and pre-decease your ex-spouse, your ex-spouse will be entitled to 100% of your account balance. Divorce does not automatically revoke a previous beneficiary designation in this case.
 - b. If you divorce and re-marry, but do not update your beneficiary form (leaving your ex-spouse as the named beneficiary), your ex-spouse will receive 50% of your account balance*.
2. If you are single, designate a beneficiary (for example, your mother), and then subsequently marry but do not update your Beneficiary Form, your spouse does not automatically get 100% of your remaining balances from every plan. Your spouse, if not named, will get 50% of the available benefit, while the named beneficiary(ies) will receive the remaining 50%*

* *Only the Deferred Salary Plan will pay the surviving spouse 100% of the account balance, regardless of the prior designation.*

3. If you do not name a beneficiary, or your named beneficiary dies before you do, and you do not update your Beneficiary Form, your remaining balances will be paid to a survivor of the highest priority as listed below:

- a. surviving spouse
- b. children of the deceased participant
- c. grandchildren of the deceased participant
- d. parents of the deceased participant
- e. brothers and sisters of the deceased participant
- f. estate of the deceased participant

It is important to update your Beneficiary Form whenever there is a change in your marital status (married, widowed, divorced) in order to ensure that your account balances are transferred to your intended beneficiaries. Remember: the last valid Beneficiary Form on file with the Joint Industry Board is the form that will count.

Important Notes: If you are divorced, it is important to submit all relevant information pertaining to your settlement immediately. The Joint Industry Board must ensure that a former spouse is not entitled to any portion of your benefits before you go into pay status and must assure that the ex-spouse is no longer covered under our health plans. If an ex-spouse utilizes the health plans subsequent to the divorce date, it is the participant who will be responsible for reimbursing the JIB the total amount disbursed on behalf of the ex-spouse, regardless of how much time has elapsed.

Often, an ex-spouse will be awarded a portion of the participant's employee benefit plans upon divorce. In that case, a Qualified Domestic Relations Order ("QDRO") must be obtained before you can collect your benefits.

JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365

DESIGNATION OF BENEFICIARY

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 TAP 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 E&C TAP 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)

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.

Educational and Cultural Fund
158-11 Harry Van Arsdale Jr. Avenue
Flushing, NY 11365
718-591-2000

Part I

PERSONAL INFORMATION

(Please complete all of the following requested information)

_____			_____	
Print Participant's Name			Social Security No.	
_____			_____	
Street Address			Birth Date	
_____			() _____	
City	State	Zip Code	Telephone Number	
_____			() _____	
Email Address			Cell Phone	
Local No. _____		Date Initiated _____		
Division _____		Card No. _____		
Present Employer _____				

Part II (Please complete all of the following requested information)

Current Marital Status: (Check one)

- () Married Date of marriage: _____ Spouse's birth date: _____
- () Widow(er)
- () Divorced - If divorced, indicate name of divorced spouse _____
Year of divorce: _____
- () Single

If you were divorced, is your ex-spouse entitled to any benefits pursuant to a Qualified Domestic Relations Order?
Yes () No ()

List Children: (Indicate if married by placing an "M" after the name)

Child's Name	Date of Birth	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

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. _____	

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

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

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

Part V

SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION

I, _____, swear that I am the legal spouse of

(Participant's Name)

I am aware that upon my spouse's death I am entitled to receive benefits that would have been payable to my spouse from the Plans listed on page 1. I understand if my spouse designated a beneficiary (see Part III) other than me or in addition to me to receive these benefits, the beneficiary designation is not valid unless I give my written consent to that beneficiary designation. If I give my written consent to the specified beneficiary designation it is permanent and cannot be revoked by me at a later date. Any subsequent designation by my spouse of someone other than or in addition to me shall also be invalid unless I again give my consent to that particular beneficiary designation.

Being fully apprised of these facts, I hereby waive my rights to benefits, other than those benefits which may be paid only to a surviving spouse, payable under the Plans listed on page 1, and consent to (and only to) my spouse's designation of the Educational and Cultural Trust Fund up to the amount of any

E&C TAP, as well as _____,
(List name(s) of beneficiary(ies))

_____, _____ as

beneficiary of the Plans indicated on page 1 of this form.

(Spouse Consent 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 the foregoing Consent to Designation of Beneficiary and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public