

**INDIANA ELECTRICAL WORKERS PENSION TRUST FUND, IBEW
I.B.E.W. LOCAL UNION 481 MONEY PURCHASE PENSION PLAN
1828 N. MERIDIAN STREET, SUITE 103
INDIANAPOLIS, INDIANA 46202
(317) 923-4577**

DESIGNATION OF BENEFICIARY FORM

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

Name _____ SSN _____ Date of Birth _____

BENEFICIARY DESIGNATION

I hereby acknowledge that I have been informed that I have become a participant in the Indiana Electrical Workers Pension Trust Fund, IBEW and the I.B.E.W. Local Union 481 Money Purchase Pension Plan; that I have received a Summary Plan Description of the Plans and do further agree to abide by all rules and regulations set forth in the Plans.

I understand that any Death Benefit to which I may become entitled **must** be paid to my surviving spouse unless I choose another beneficiary and my spouse consents, **in writing**, not to be the beneficiary of the Death Benefit under the Plans. The Fund Office has provided me with a detailed written explanation of these rights concerning the Death Benefit. I understand that I must immediately inform the Fund Office of any change in my marital status.

Regarding any amount payable under the Plans by reason of my death, I hereby designate the following beneficiary:

NOTE: IF ADDITIONAL SPACE IS NEEDED FOR MULTIPLE BENEFICIARIES, PLEASE USE A BLANK SHEET OF PAPER AND ATTACH TO THIS FORM.

LOCAL PENSION FUND

_____ Primary Beneficiary's Printed Name	_____ Social Security #	_____ Date of Birth	_____ Relationship
_____ Secondary Beneficiary's Printed Name	_____ Social Security #	_____ Date of Birth	_____ Relationship

MONEY PURCHASE PENSION PLAN

_____ Primary Beneficiary's Printed Name	_____ Social Security #	_____ Date of Birth	_____ Relationship
_____ Secondary Beneficiary's Printed Name	_____ Social Security #	_____ Date of Birth	_____ Relationship

(Signature of Participant)

(Date)

IF THE DESIGNATED BENEFICIARY IS SOMEONE OTHER THAN YOUR SPOUSE, YOU MUST COMPLETE THE WAIVER AND SPOUSAL CONSENT INFORMATION ON THE REVERSE SIDE OF THIS FORM.

WAIVER – (Only fill this section out if you are naming someone other than your legal spouse)

As a participant in the Indiana Electrical Workers Pension Trust Fund, IBEW and the I.B.E.W. Local Union 481 Money Purchase Pension Plan, I hereby acknowledge that I have been informed by the Administrator that I am entitled to have any Death Benefit paid to my spouse should a benefit become payable. I have also been informed that my spouse and I have the right to waive the designation of my spouse as the beneficiary of any Death Benefit from the Plans, and that I may revoke this waiver at any time without my spouse's consent.

I hereby waive my spouse's right to be the beneficiary of any Death Benefit.

Signature of Participant

Date

SPOUSAL CONSENT (Spouse must complete this section if you are naming a beneficiary other than your legal spouse)

I hereby consent to the designation, by my spouse, of a beneficiary other than myself to receive any Death Benefit payable under the Indiana Electrical Workers Pension Trust Fund, IBEW and/or the I.B.E.W. Local Union 481 Money Purchase Pension Plan & Trust.

I understand and acknowledge that this beneficiary designation is not valid unless I consent to, in writing, and that my consent is irrevocable unless my spouse revokes this beneficiary designation.

Signature of Spouse

Date

**TO BE COMPLETED IF
PARTICIPANT IS UNMARRIED or
SPOUSE'S WHEREABOUTS ARE UNKNOWN**

Comes now the Affiant, _____, and states the following:
(Participant's Full Legal Name)

CHECK ONLY ONE

- I am unmarried at the present time.
- I am legally married but the whereabouts of my legal spouse are unknown to me at the present time.

Signature of Participant

Date

NOTARY PUBLIC (Only necessary if naming someone other than legal Spouse)

Sworn to before me, a Notary Public for _____ county, State of _____, this
_____ day of _____, in the year _____.

Notary Public

My Commission Expires