



BENEFICIARY FORM

PARTICIPANT INFORMATION

Name _____ SSN _____ Date of Birth _____

Marital Status (check one): Single Married Divorced Widowed

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, I.B.E.W. Local Union 481 Defined Contribution Plan, Electrical Workers Benefit Trust Fund IBEW 481, and/or the IBEW 481 Supplemental Unemployment Benefit 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 receipt or submission of this form is not a guarantee of eligibility for benefits under any of 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, as a divorce will void the designation of my ex-spouse as my beneficiary and will render my ex-spouse ineligible for benefits automatically, unless I choose to reinstate my ex-spouse as a beneficiary on a new Designation of Beneficiary Form.

Primary Beneficiary: A Primary Beneficiary is your first choice to receive the Death Benefit from the applicable Pension Plan. If you are married, the Death Benefit payable from the Plans will be paid to your spouse as your Primary Beneficiary in the form governed by the applicable Pension Plan rules (see the applicable Summary Plan Descriptions for further details). Therefore, if you are married and you and your spouse have not waived the spousal benefits, only your spouse's name should be listed in the Primary Beneficiary designation for each Plan. If you designate more than one Primary Beneficiary per Plan, the benefit due will be equally divided by the number of Primary Beneficiaries who survive you, as long as all Primary non-spouse Beneficiaries file a claim for benefits within 90-days of notice of beneficiary status. If you name more than one Primary Beneficiary per Plan, and if one of the primary beneficiaries does not survive you and/or if a non-spouse Primary Beneficiary fails to file a claim within the requisite time period, the benefit due will be allocated proportionately among the remaining Primary Beneficiaries pertaining to that Plan.

Contingent Beneficiary: A Contingent Beneficiary is your second choice to receive the Death Benefit from the applicable Pension Plan if your Primary Beneficiary(ies) is (are) not living at the time of your death. If you designate more than one Primary Beneficiary, all Primary Beneficiaries must have died and/or all non-spouse Primary Beneficiaries must have failed to file a claim within the requisite time period before any of the Contingent Beneficiaries are entitled to receive benefits. If you designate more than one Contingent Beneficiary, the benefit due from each Plan will be equally divided by the number of Contingent Beneficiaries who survive you. If you name more than one Contingent Beneficiary, and if one of the Contingent Beneficiaries does not survive you and/or fails to file a claim within the requisite time period, the benefit due will be allocated proportionately among the remaining Contingent Beneficiaries.

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

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

IF THE DESIGNATED BENEFICIARY IS SOMEONE OTHER THAN YOUR LEGAL SPOUSE, YOU MUST COMPLETE A WAIVER AND SPOUSAL CONSENT FORM. THIS FORM CAN BE OBTAINED FROM THE BENEFIT OFFICE UPON REQUEST.

DEFINED BENEFIT PLAN (LOCAL PENSION)

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

IBEW #481 DEFINED CONTRIBUTION PLAN

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

HEALTH AND WELFARE PLAN

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

SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND

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

Read Carefully Prior to Signing: I hereby revoke any and all previous Pension Plan, Benefit Fund, and Supplemental Unemployment beneficiary designations and hereby designate those named on this form as my beneficiary(ies). I understand that the beneficiary information included on this form becomes effective when received by the I.B.E.W. Local Union 481 Benefit Office and will remain in effect until I deliver another completed and signed Designation of Beneficiary Form to the I.B.E.W. Local Union 481 Benefit Office with a later date.

I understand that I may change my beneficiary designation(s) at any time by completing a new Designation of Beneficiary Form. Such change shall become effective when the new form is received by the I.B.E.W. Local Union 481 Benefit Office.

Signature:	Date:
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**INDIANA ELECTRICAL WORKERS PENSION TRUST FUND, IBEW
I.B.E.W. LOCAL UNION 481 DEFINED CONTRIBUTION PENSION PLAN & TRUST
ELECTRICAL WORKERS BENEFIT TRUST FUND IBEW 481
IBEW 481 SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN
1828 N. MERIDIAN STREET, SUITE 103
INDIANAPOLIS, INDIANA 46202
(317) 923-4577**

PARTICIPANT WAIVER AND SPOUSAL CONSENT FORM

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

As a participant in Indiana Electrical Workers Pension Trust Fund, IBEW, the I.B.E.W. Local Union 481 Defined Contribution Pension Plan & Trust, the Electrical Workers Benefit Trust Fund IBEW 481, and IBEW 481 Supplemental Unemployment Benefit 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 am the spouse of the above-named participant. I hereby understand and acknowledge that: (1) the effect of my consent shall result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse’s death; (2) my spouse’s waiver is not valid unless I consent to it; (3) my consent is voluntary; and (4) my consent is irrevocable unless my spouse completes a new Designation of Beneficiary Form.

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, the I.B.E.W. Local Union 481 Defined Contribution Pension Plan & Trust, the Electrical Workers Benefit Trust Fund IBEW 481, and IBEW 481 Supplemental Unemployment Benefit Plan.

Signature of Spouse

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