

**LOCAL 701 I.B.E.W. BENEFICIARY DESIGNATION AND  
DEPENDENT IDENTIFICATION**

Please complete all sections. Form is not valid without notarized participant signature.  
(Please print all information)

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Local: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**BENEFICIARIES**

Please indicate which benefit(s) this beneficiary designation applies to. If you do not check all benefits, you must complete a separate form for any undesignated benefits.

- General Welfare Fund Life Insurance       Defined Benefit Pension Life Insurance  
 Vacation Fund Benefits Accrued & Payable       Defined Contribution Pension (Annuity) Account Balance

Named Beneficiary(ies)	Social Security #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant Signature

Date

**IF YOU DO NOT DESIGNATE YOUR CURRENT SPOUSE AS YOUR NAMED BENEFICIARY, YOUR SPOUSE MUST CONSENT IN WRITING TO YOUR DESIGNATION. SPOUSAL SIGNATURES MUST BE NOTARIZED.**

I consent to the above beneficiary designation by my spouse and acknowledge that the effect of my consent will be to forfeit benefits, as detailed above, that I would otherwise be entitled to receive upon my spouse's death. Furthermore, I understand that my spouse's beneficiary designation is not valid

unless I consent to it, and that my consent is irrevocable unless my spouse revokes this beneficiary designation.

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

*Place  
Seal  
Here*

\_\_\_\_\_  
Date

-- PLEASE COMPLETE BOTH SIDES OF FORM --

**WELFARE BENEFITS  
DEPENDENT IDENTIFICATION**

Please list your spouse and all dependent children. Please use full names, birth dates and social security numbers.

Spouse Full Name	Social Security #	Birth Date	Date of Marriage
_____	_____	_____	_____

Dependent(s) Full Name	Social Security #	Birth Date	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

- Please attach the following documents for all new dependents:***
- ***New Spouse – Copy of Marriage License***
  - ***New Child – Copy of birth certificate (for all natural children), adoption certificate (for all adopted children) or certificate of non-natural child eligibility (for all step children - obtain this form from the Fringe Benefit Office)***