

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

Please print and complete both sides of this form.

PARTICIPANT INFORMATION:

Name (please print): _____

Social Security # : _____ OR Medical ID # : _____

Birth Date: ___/___/___ Home Phone: (____) _____ Cell: (____) _____

Address/City/State/Zip: _____

E-Mail: _____ Status: Single Married Divorced Widowed

BENEFICIARIES

Please indicate which benefit(s) this beneficiary designation applies to. If you do not wish to have the same beneficiary for all benefits, you must complete a separate form for each benefit.

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

Named Beneficiary(ies) Social Security # Relationship Phone Number

Choose one: Primary Secondary

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If naming a trust or will, please complete this section. Submit a current copy of the trust or will with this form.

Name of Trust or Will Date Trust or Will was Executed

Choose one: Primary Secondary

Participant Signature **Date**

**Spousal Consent is Required*

IF YOU DO NOT DESIGNATE YOUR CURRENT SPOUSE AS YOUR NAMED BENEFICIARY FOR THE ENTIRE DEFINED CONTRIBUTION (ANNUITY) ACCOUNT BALANCE, YOUR SPOUSE MUST CONSENT IN WRITING TO YOUR DESIGNATION. IF YOUR SPOUSE DOES NOT CONSENT TO THE BENEFICIARY DESIGNATION, THE ENTIRE CONTRIBUTION (ANNUITY) ACCOUNT BALANCE WILL BE PAID TO YOUR SPOUSE, IF YOUR SPOUSE SURVIVES YOU, EVEN IF YOU HAE DESIGNATED OTHER BENEFICIARIES, SPOUSAL SIGNATURES MUST BE NOTARIZED.

I consent to the above beneficiary designation by my spouse for the Defined Contribution (Annuity) Account Balance and acknowledge that the effect of my consent will be to forfeit all or part of the benefits from the Defined Contribution (Annuity) Account Balance, that I would otherwise be entitled to receive upon my spouse's death. Furthermore, I understand that my spouse's beneficiary designation for the Defined Contribution (Annuity) Account Balance 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 **Notary Seal** **Date**

**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
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Dependent(s) Full Name	Social Security #	Birth Date	Relationship
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Participant Signature	Date
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If you are a new participant or if you are adding a new dependent to the plan, the following must be included:

Spouse – Copy of county or other government-issued marriage license and a Spouse Employment Information Form. (We cannot accept religious marriage certificates.)

Children (including step-children) – Copy of county or other government-issued birth certificate. (We cannot accept hospital birth certificates.) If you are adopting a child and the adoption has not been finalized, submit the legal documents confirming the child adoption process. For new babies, please call our office with the child’s social security number when you receive it.

Step-children – Copies of the insurance card(s) from the natural parent(s) insurance plan(s). If neither parent provides health insurance, include a statement to that effect.

If you have children over age 19 but less than 26, an Annual Enrollment form is also needed.

Please contact our office if you need any of the above forms.