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. For additional beneficiaries, see back page.

☐ 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

_____	_____	_____	_____

Choose one: ☐ Primary ☐ Secondary

_____	_____	_____	_____

Choose one: ☐ Primary ☐ Secondary

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 ad 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**

ADDITIONAL BENEFICIARIES

Named Beneficiary(ies)	Social Security #	Relationship	Phone Number
_____	_____	_____	_____
Choose one: ☐ Primary ☐ Secondary			
_____	_____	_____	_____
Choose one: ☐ Primary ☐ Secondary			
_____	_____	_____	_____
Choose one: ☐ Primary ☐ Secondary			
_____	_____	_____	_____
Choose one: ☐ Primary ☐ Secondary			

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**

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 is you need any of the above forms.