JOINT ANNUITY FUND, LOCAL UNION NO. 164, I.B.E.W. DESIGNATION OF BENEFICARY – SURVIVOR BENEFIT

1. PARTICIPANT INFO	RMATION (Pleas	e print clearly)		
// SOCIAL SECURITY NUMB	EER			
LAST NAME			FIRST NAME	M.I.
not be valid unless my spous witnessed by a notary public.	ied and have not designed has consented by an I also understand that primary beneficiary	signing Section 6 (the 'S t if I am not married at the of the amounts due upon	Spousal Consent to Alternate Beneficial is time, but I later marry before receiving	under the Plan upon my death, this form will ary(ies)') and by having his or her signature ng the full amount of my benefits, my spouse the designation of an alternate beneficiary in
	articipant of the Join	t Pension Fund of Loca	l Union #164, I.B.E.W., designate the l regulations of the Annuity Plan:	following as beneficiary or beneficiaries to
	T		BENEFICIARY(IES)	
Name	Soc. Sec. Nbr	Relationship	Address	Date of Birth
		SECONDARY	BENEFICIARY(IES)	
Name	Soc. Sec. Nbr	Relationship	Address	Date of Birth
		•		
receive payment only if he or one Beneficiary so entitled, p. payable to the Estate of the in 4. UNMARRIED PARTI [] I have checked here if I a	r she is living when p ayment shall be made sured. CIPANT'S CERT m not married and I and that upon my ma	ayment is due and then it in equal shares to such IFICATION so certify to the Plan Ac	only if there is no Primary beneficiary Beneficiaries. If at any time there is no dministrator. I hereby agree to notify the	A Secondary Beneficiary shall be entitled to then living. If at any time there is more than Beneficiary so entitled the proceeds shall be the Plan Administrator immediately, should I neficiary Designation form my spouse will
			iary specified above and revoke any p ng a new designation in writing with the	previous designations made under the Plan. In Example Fund Office.
X	Date:			
6. SPOUSAL CONSENT	TO ALTERNATI	E BENEFICIARY(II	CS)	
name a beneficiary I acknowledge that death; (2) my spous	other than myself to r I understand that: (1) se's designation of an	eceive the survivor bene the effect of my consent alternate beneficiary is	fits due under the Plan. will be to forfeit benefits I would other not valid unless I consent to it: and (3) alified Domestic Relations Order.	voluntarily consented to permit my spouse to rwise be entitled to receive upon my spouse's my consent is irrevocable unless my spouse
Signature of Spouse			Date:	
9 2- 2Posos				
Witnessed by: Notary Public			Date:	
Subscribed and swam to 1-f-	ra ma or:		My Commission Engine	
Subscribed and sworn to before	ie me on:	Date	wy Commission Expires	: Date