

## The Supplemental Pension/401(k) Plan to IBEW LU 1141 Retirement and 401(k) Plan BENEFICIARY DESIGNATION

Participant's Name \_\_\_\_\_  
first middle last

Participant's Address \_\_\_\_\_  
street  
 \_\_\_\_\_  
city state zip

Social Security No. \_\_\_\_\_ Marital Status:  Married  Single or Legally Separated

**IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.**

**This designation supersedes any prior designation.**

**Primary Beneficiary: (Check one of the boxes below)**

**Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: \_\_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

**Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent

(must total 100%)

**If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.**

**SPOUSAL CONSENT:** I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*The spouse's signature must be witnessed by a Notary Public:*

**Notary Public:** Notarization of spousal consent can be signed off by a Notary Public.

Before me, the undersigned notary, personally appeared \_\_\_\_\_, and proved to me through identification documents allowed by law, which were \_\_\_\_\_, to be the person who signed the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witnessed: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
(official signature and seal of notary)

My Commission expires: \_\_\_\_\_

