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
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
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: _____

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first middle last

Contingent Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Plan Administrator: Please retain a copy of this form in your files.

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

_____ _____/_____/_____
Participant Date