

**I.B.E.W. LOCAL 25 401(k) FUND**  
**372 Vanderbilt Motor Parkway, Hauppauge, New York 11788-5133**  
**(631) 434-3344**

**BENEFICIARY DESIGNATION FORM**

Initial Beneficiary Designation(s) OR  Change of all prior beneficiary designation(s) *(check only one box)*

I hereby revoke any previous beneficiary designation(s), if any, for my death benefits provided by the I.B.E.W. Local 25 401(k) Fund, if any, payable as indicated below:

Participant's Name ..... S.S #.....

Address .....

..... Tel. Number .....

**DESIGNATION OF BENEFICIARY/BENEFICIARIES:**

It is important that your beneficiary designation be clear, so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary/beneficiaries, please indicate his/her/their full name(s), address(es), social security number(s) and relationship to you. If the beneficiary is not related either by blood or marriage, write "Not Related." Please note that if you are designating more than one beneficiary or contingent beneficiary, the sum of the percentages to which they are entitled cannot exceed 100%.

I hereby designate the individual(s) named on the second page of this form as my named beneficiary/beneficiaries\*:

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

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**\* If you are married and you have designated anyone other than your spouse as your primary beneficiary(ies) for all or part of your account, your spouse must sign the Spouse's Waiver set forth below before a Notary Public.**

**SPOUSE'S WAIVER**

I hereby consent to the designation of a primary beneficiary for any percentage of benefits payable by the Annuity Fund of the Electrical Industry of Long Island, in whole or in part, that would be payable to myself as set forth above.

Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_

STATE OF            )  
                          ) ss.:  
COUNTY OF        )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the foregoing spouse's waiver and acknowledged to me that (s)he executed the same in his/her capacity.

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**NOTARY PUBLIC**

(Seal)

**PRIMARY BENEFICIARY(IES)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

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**CONTINGENT BENEFICIARY(IES)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
Benefit Percentage \_\_\_\_\_