

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: _____ Social Security #: _____
Address: _____ Single___ Married___ Divorced___ Widowed___

Telephone #: _____

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•:

Signature of Participant

Date

Notary Public OR Fund Representative

Date

Notary Stamp

** 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 401(k) Fund of the Electrical Industry of Long Island, in whole or in part, that would be payable to myself as set forth above.

Signature of Spouse

Date

Notary Public OR Fund Representative

Date

Notary Stamp

401(k) FUND BENEFICIARY DESIGNATION**PRIMARY BENEFICIARY(IES)**

Name: _____

Date of Birth: _____

Address: _____

S.S.#: _____

Relation: _____

Benefit Percentage: _____

Name: _____

Date of Birth: _____

Address: _____

S.S.#: _____

Relation: _____

Benefit Percentage: _____

CONTINGENT BENEFICIARY(IES)

Name: _____

Date of Birth: _____

Address: _____

S.S.#: _____

Relation: _____

Benefit Percentage: _____

Name: _____

Date of Birth: _____

Address: _____

S.S.#: _____

Relation: _____

Benefit Percentage: _____

Name: _____

Date of Birth: _____

Address: _____

S.S.#: _____

Relation: _____

Benefit Percentage: _____