



If you have any questions or difficulty completing this form, please contact the IBEW LOCAL 25 PENSION FUND OFFICE at 631-434-3344.

Participant Information form with fields for First Name, MI, Last Name, Social Security Number, Street Address, City, State, Zip, and Marital Status (Single/Married).

In accordance with the Instructions Concerning Beneficiary Designations, which are hereby made part of this designation, I hereby request that any payment payable to a beneficiary(ies) after my death in accordance with the contract and/or the covered plan shall be paid to the beneficiary(ies) listed below. All previous Beneficiary Designations are cancelled. This designation includes, and is subject to, the General Provisions (see attachment).

Please print in ink. Initial and date any changes you make on your designation.

Beneficiary Designation form with fields for First Name, MI, Last Name, Social Security Number, Street Address, Date of Birth, City, State, Zip, Relationship to me (Spouse/Child/Other), and Phone Number.

and to be shared equally with otherwise

Second Beneficiary Designation form with fields for First Name, MI, Last Name, Social Security Number, Street Address, Date of Birth, City, State, Zip, Relationship to me (Spouse/Child/Other), and Phone Number.

Use the back of this form for additional beneficiary(ies)

Signature of Participant and Date fields.

and to be shared equally with  otherwise

<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____			<b>Social Security Number:</b> _____
<b>Street Address:</b> _____			<b>Date of Birth:</b> ____ / ____ / _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Relationship to me:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child
<b>Phone Number:</b> _____			

and to be shared equally with  otherwise

<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____			<b>Social Security Number:</b> _____
<b>Street Address:</b> _____			<b>Date of Birth:</b> ____ / ____ / _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Relationship to me:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child
<b>Phone Number:</b> _____			

and to be shared equally with  otherwise

<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____			<b>Social Security Number:</b> _____
<b>Street Address:</b> _____			<b>Date of Birth:</b> ____ / ____ / _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Relationship to me:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child
<b>Phone Number:</b> _____			

and to be shared equally with  otherwise

<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____			<b>Social Security Number:</b> _____
<b>Street Address:</b> _____			<b>Date of Birth:</b> ____ / ____ / _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Relationship to me:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child
<b>Phone Number:</b> _____			

and to be shared equally with  otherwise

<b>First Name:</b> _____ <b>MI:</b> _____ <b>Last Name:</b> _____			<b>Social Security Number:</b> _____
<b>Street Address:</b> _____			<b>Date of Birth:</b> ____ / ____ / _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____	<b>Relationship to me:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child
<b>Phone Number:</b> _____			

# Instructions Concerning Beneficiary Designations

## General Provisions

1. The terms of the Group Annuity Contract govern the payment of any benefit.
2. A Beneficiary will receive payment only if living at the time the benefit first become payable and no other Beneficiary then living has a preceding right to the benefit.
3. If no Beneficiary is designated, or if no designated Beneficiary is alive when payment is otherwise payable, payment will be made according to the terms of the Group Annuity Contract.
4. The terms of the Group Annuity Contract will govern the use of any affidavit or other satisfactory written evidence in determining the continued existence, identity, ages, or other facts required by Prudential concerning any Beneficiary.
5. After annuity payments under the Group Annuity Contract have commenced, any settlement of any amount that becomes payable thereafter shall be governed by the terms of such annuity.
6. If a trustee is designated Beneficiary, payment to the trustee will be made as if the trustee is acting in a fiduciary capacity, unless and until written notice to the contrary is received.
7. The Beneficiary may be changed in a manner prescribed in the Group Annuity Contract, to the extent such provisions may apply.
8. If any payments other than a single sum become payable to any Beneficiary, and the Beneficiary is other than a natural person receiving payments in his or her own right, Prudential may, in lieu of making such payments, pay the Commuted Value thereof in full settlement of its liability for such payments, if provided by the Group Annuity Contract.

## General Instructions

Any benefit that will be payable upon your death (or if applicable, upon the death of your Contingent Annuitant) will be made to the person(s) named on this Beneficiary Designation Form. Choosing a non-spouse as your Beneficiary may have implications under federal tax law. Please complete all required fields and make sure your designation is accurate, clear and understandable. Remember to sign and date the form.

When completed, please return this form to:

IBEW LOCAL 25 PENSION FUND  
372 VANDERBILT MOTOR PARKWAY  
HAUPPAUGE, NEW YORK 11788

If you are electing a Contingent Annuity or a Qualified Joint and Survivor Annuity, it is not necessary to name your Contingent Annuitant or surviving spouse as Beneficiary because payments will automatically continue to your Contingent Annuitant or surviving spouse after your death.

1. Check the box labeled **"and to be shared equally with"** before the name of any Beneficiary designated to share the benefit with the preceding Beneficiary.
2. Check the box labeled **"otherwise"** before the name of any Beneficiary designated to receive the benefit only if the preceding Beneficiary is deceased.
3. Use the term "My Living Trust" to designate your Living Trust as Beneficiary. Include the effective date of the trust agreement as well as the name(s) of the trustee(s). Also give the location if a bank or trust company is the trustee.
4. Use the term "My Testamentary Trust" to designate a trust created by your Last Will and Testament. Do not name your trustee.
5. Use the term "My Estate" if you want the benefit to be paid directly to your estate.

If you find that none of the examples provided herein fit the type of Beneficiary designation you want, please contact the Fund Office at 631-434-3344 for assistance. If you require additional space to include all your Beneficiary Designations, please call the Fund Office for additional forms or go online at [www.eibofli.com](http://www.eibofli.com).