

**ANNUITY FUND OF THE ELECTRICAL INDUSTRY OF LONG ISLAND**  
**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 Annuity 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 Annuity 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

## ANNUITY FUND BENEFICIARY DESIGNATION

### PRIMARY BENEFICIARY(IES)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_ Relation: \_\_\_\_\_  
Benefit Percentage: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_ Relation: \_\_\_\_\_  
Benefit Percentage: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_ Relation: \_\_\_\_\_  
Benefit Percentage: \_\_\_\_\_

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### CONTINGENT BENEFICIARY(IES)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_ Relation: \_\_\_\_\_  
Benefit Percentage: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
\_\_\_\_\_ Relation: \_\_\_\_\_  
Benefit Percentage: \_\_\_\_\_