

# Beneficiary Designation Form

## Southern California IBEW-NECA Retiree Health Plan

### Death Benefit

**PARTICIPANT'S INFORMATION (PLEASE PRINT)**

Single     
  Married     
  Divorced     
  Widowed

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
First Middle Initial Last

**Address** \_\_\_\_\_  
Street City State ZIP

**Date of Birth** \_\_\_\_\_ **Telephone No. ( )** \_\_\_\_\_  
Month Day Year

**PRIMARY BENEFICIARY DESIGNATION**

1.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<b>Percentage</b> <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
2.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
3.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
4.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
<b>Total = 100%</b>				

**CONTINGENT BENEFICIARY DESIGNATION**

1.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<b>Percentage</b> <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
2.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
3.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
4.	Name _____ <small>Relationship _____</small>	Date of Birth _____ <small>Address _____</small>	Social Security Number _____	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;">         _____ %       </div>
<b>TOTAL = 100%</b>				

I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the person(s) listed above as primary and contingent beneficiary(ies), if any, in the event of my death. I understand that a distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan.

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

**BENEFICIARY DESIGNATION FORM (continued)**  
**SOUTHERN CALIFORNIA IBEW-NECA RETIREE HEALTH PLAN**

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Please complete the following information (type or print)

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

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**PRIMARY BENEFICIARY DESIGNATION – SPOUSAL CONSENT**

**COMPLETE THIS PORTION ONLY IF SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY**

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must sign this Beneficiary Designation form. Your beneficiary designation will automatically be deemed revoked upon certain changes in marital status. If you are currently married and later divorce, your beneficiary designation of your spouse will be deemed revoked unless a Court Order requires you to maintain the beneficiary designation you are making at this time. If you are currently single and later marry, the beneficiary designation you are making at this time will be automatically revoked unless the person you are naming as your beneficiary at this time is the person who becomes your spouse. Should your beneficiary be automatically revoked due to either of the foregoing events, benefits will be paid in accordance to the succession order in the Summary Plan Description governing benefit payments when no beneficiary designation has been made.

Signature of Participant's Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESSED BY NOTARY PUBLIC**

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(insert date) (insert name and title of the officer) (insert name of person to be sworn)  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature \_\_\_\_\_

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

[PLACE NOTARY SEAL AND/OR STAMP ABOVE]

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Please return this form to: Southern California IBEW-NECA Trust Funds, P.O. Box 6652, Pasadena, CA 91109. This form is available  
online at [www.scibew-neca.org](http://www.scibew-neca.org)

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