

# BENEFICIARY DESIGNATION FORM SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN

Please complete the following information (type or print) and return to the address provided on the bottom of the form.

**NOTE:** If you are married and designate additional primary beneficiaries, you must obtain your spouse's written and notarized consent.

<b>Name</b>			<b>Social Security No.</b>		
<i>First</i>	<i>Middle Initial</i>	<i>Last</i>			
<hr/>					
<b>Address</b>					
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>		
<hr/>					
<b>Date of Birth</b>			<b>Telephone No. (      )</b>		
<i>Month</i>	<i>Day</i>	<i>Year</i>			
<hr/>					

**MARITAL STATUS:**     Single                                     Married                                     Divorced                                     Widowed

**I. BENEFICIARY DESIGNATION:**

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must sign this Beneficiary Designation form. Under the Defined Benefit Plan, Section 8.3, if an unmarried Participant or a married Participant whose spouse has consented to a waiver dies any benefits payable under Sections 8.4 or 8.5 of the Plan shall be paid to the Participant's surviving children under the age of 21 prior to any payment to any other designated or preference beneficiary. Under Section 8.6, Dependent's Benefit for Disabled Participants, a monthly benefit equal to 50% of the disability pension payable to the Disabled Participant will be continued to his eligible children under age 21 AND will be divided equally among all such eligible children. Your beneficiary designation will automatically be deemed revoked upon certain changes in marital status. 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, 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.

**PRIMARY BENEFICIARY DESIGNATION**

**NOTE:** Due to the restrictions of the Internal Revenue Code, the Plan does not permit Living Trusts to be a named beneficiary. This limitation does not prevent a beneficiary or Participant from requesting automatic deposit of periodic payments payable to the Participant or beneficiary into a bank account which is held by a Living Trust.

<b>1</b>	<hr/>	/ /	<hr/>	
	Name	Date of birth	Social Security number	
	<hr/>	<hr/>		Percentage
	Relationship	Address		Percentage
<b>2</b>	<hr/>	/ /	<hr/>	
	Name	Date of birth	Social Security number	
	<hr/>	<hr/>		Percentage
	Relationship	Address		Percentage
<b>3</b>	<hr/>	/ /	<hr/>	
	Name	Date of birth	Social Security number	
	<hr/>	<hr/>		Percentage
	Relationship	Address		Percentage
<b>4</b>	<hr/>	/ /	<hr/>	
	Name	Date of birth	Social Security number	
	<hr/>	<hr/>		Percentage
	Relationship	Address		Percentage
<b>Total =</b>				<b>100%</b>

**Return this form to: Southern California IBEW-NECA Trust Funds, P.O. Box 910918, Los Angeles, CA 90091**  
This form is available online at [www.scibew-neca.org](http://www.scibew-neca.org)

# BENEFICIARY DESIGNATION FORM (continued)

## SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN

DB

Please complete the following information (type or print).

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

### II. PRIMARY BENEFICIARY DESIGNATION – SPOUSAL CONSENT

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

I hereby consent to my spouse's designation of the primary beneficiary or beneficiaries listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

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

#### WITNESSED BY NOTARY PUBLIC

State of \_\_\_\_\_, County of \_\_\_\_\_, ss. On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ satisfactorily proven to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

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

[SEAL]

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

### III. SECONDARY BENEFICIARY DESIGNATION

**NOTE:** Due to the restrictions of the Internal Revenue Code, the Plan does not permit Living Trusts to be a named beneficiary. This limitation does not prevent a beneficiary or Participant from requesting automatic deposit of periodic payments payable to the Participant or beneficiary into a bank account which is held by a Living Trust.

Name	/ /	Date of birth	Social Security number	
Relationship	Address			<input style="width: 40px; height: 20px;" type="text"/> % Percentage
Name	/ /	Date of birth	Social Security number	
Relationship	Address			<input style="width: 40px; height: 20px;" type="text"/> % Percentage
Name	/ /	Date of birth	Social Security number	
Relationship	Address			<input style="width: 40px; height: 20px;" type="text"/> % Percentage
Name	/ /	Date of birth	Social Security number	
Relationship	Address			<input style="width: 40px; height: 20px;" type="text"/> % Percentage

Total = 100%

### IV. SIGNATURE SECTION

I understand that a distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

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

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