

# Local No. 9, IBEW and Outside Contractors Defined Benefit Pension Plan

## BENEFICIARY DESIGNATION

**PLEASE** read all instructions carefully. **PRINT your answers** to all questions. Be sure to sign and date the form and return it to the Fund Office.

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status (Check One):

☐ Single/Not married (if you later marry, by Federal law your new spouse is automatically your primary beneficiary)

☐ Married ☐ Divorced ☐ Widowed

### PRIMARY BENEFICIARY(IES)

I, the undersigned, revoke any and all prior beneficiary designations made by me with respect to the Local Union No. 9, IBEW and Outside Contractors Pension Plan and direct that any benefits payable under the Plan upon my death be paid to the following primary beneficiary for the percentage indicated (or equally to the following primary beneficiaries if no percentage is indicated):

☐ I am married and I understand that by Federal law the only allowable primary beneficiary is my Spouse. I understand that because of this law I can designate only my Spouse below.

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

### SECONDARY BENEFICIARY(IES)

In the event that all of the above-named beneficiaries die before the full amount of my benefits, if any, has been paid, I direct that my entire remaining interest in the Plan be paid to the following secondary beneficiary for the percentage indicated (or equally to the following secondary beneficiaries if no percentage is indicated):

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percentage: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_