

Local Union 903 I.B.E.W. Pension Plan

BENEFICIARY DESIGNATION

Plan Office: Alabama Administrators
1717 Old Shell Road
Mobile, AL 36604

It is very important that you complete this form in full. **PLEASE PRINT.** When complete, return this form to the Plan Office.

NAME OF MEMBER _____ SOCIAL SECURITY NUMBER _____

ADDRESS (Street or P.O. Box) _____ City _____ State _____ ZIP Code _____

MEMBER'S DATE OF BIRTH _____ (_____) _____ No ___ Yes
PHONE NUMBER _____ MARRIED _____ DATE MARRIED _____

NAME OF SPOUSE _____ SPOUSE'S SOCIAL SECURITY NUMBER _____

SPOUSE'S DATE OF BIRTH _____

PENSION PLAN PRE-RETIREMENT DEATH BENEFIT AND 414(k) ACCOUNT BALANCE

In the event of your death prior to your retirement, the Local Union 903 I.B.E.W. Pension Plan provides a death benefit under certain circumstances. The amount of the death benefit is calculated based on hours worked and the contribution rate in effect at the time. For additional information, please refer to your Pension Plan SPD booklet. If you need a copy of this booklet, contact the Plan Manager. You may also have a 414(k) account balance that would be paid to your beneficiary in a lump-sum. Please name the beneficiary to receive each of your pension death benefits. In the case of married members, the Plan stipulates the beneficiary will be the surviving spouse as **required by federal law**. The beneficiary you name at this time supersedes any and all beneficiaries previously designated.

1 – Pre-Retirement Death Benefit – Beneficiary:

NAME OF BENEFICIARY _____ ((Please Print)) _____ RELATIONSHIP _____

BENEFICIARY'S ADDRESS (Street or P.O. Box) _____ City _____ State _____ ZIP Code _____

DATE OF BIRTH _____ (_____) _____ SOCIAL SECURITY NUMBER _____
PHONE NUMBER _____

2 – 414(k) Account Balance – Beneficiary:

NAME OF BENEFICIARY _____ ((Please Print)) _____ RELATIONSHIP _____

BENEFICIARY'S ADDRESS (Street or P.O. Box) _____ City _____ State _____ ZIP Code _____

DATE OF BIRTH _____ (_____) _____ SOCIAL SECURITY NUMBER _____
PHONE NUMBER _____

I understand that the beneficiary designation stated above will supersede all prior beneficiary designations:

X

MEMBER'S SIGNATURE

X

DATE