

Local No. 9 IBEW and Outside Contractors Health and Welfare Fund

BENEFICIARY DESIGNATION

Please complete this form in its entirety and return it to the Fringe Benefits Office at One Westbrook Corporate Center, Suite 430, Westchester, Illinois 60154-5701. This form must be signed and dated by the Participant to be valid, and is only valid upon receipt at the Fringe Benefits Office.

Name of Participant	Social Security Number
Daytime Phone Number	Home Phone Number
Street Address	City State Zip Code
Marital Status (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> Single Married Divorced </div>	Date of Birth

In accordance with the conditions of the IBEW Local No. 9 and Outside Contractors Health and Welfare Fund, the Participant hereby revokes any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) and designates as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of Participant's death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

In the event said primary beneficiary(ies) predecease(s) Participant, the Participant designates as contingent beneficiary(ies), the following:

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

If no beneficiary or contingent beneficiary designated shall be living following the Participant's death, the amount payable by reason of the Participant's death shall be payable to the Participant's estate.

Optional Elections (please check box(es) if desired)

Unborn child(ren) Any Child(ren) designated as contingent beneficiary(ies) born of the marriage of Participant's said spouse (primary beneficiary) with Participant, who shall be then living, in equal shares, or all to the survivor. It is understood and agreed that all decisions upon questions of fact, which are made in good faith by the Local No. 9 IBEW and Outside Contractors Health and Welfare Fund in determining unnamed contingent beneficiaries hereby designated and which are based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and shall fully protect the DC Fund in acting in reliance thereon.

Common Disaster The amount payable by reason of the Participant's death shall be paid to his/her primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies) is(are) living at the expiration of 24 hours following the Participant's death.

I reserve the right to change the designated beneficiary(ies) at any time without his/her/their consent.

Signature of Participant	Date Signed
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GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

“You” and “your” when used in this form and instructions means the Participant (see below).

Participant: The individual in whose name contributions have been made to the Local No. 9 IBEW and Outside Contractors Health and Welfare Fund through a) worked performed under the Collective Bargaining Agreement between IBEW Local Union No. 9 and Middle States Electrical Contractors Association of the City of Chicago, and b) reciprocal fund transfers from participating funds as governed by The Electrical Industry Reciprocal Pension Agreement.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the Health and Welfare fund proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the defined contribution fund proceeds if your primary beneficiary(ies) predecease(s) you. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Unborn Child(ren) Clause: By completing this section, you can indicate that you wish to have the Health and Welfare fund proceeds distributed evenly among all of the children born to you and your spouse. Children who are not yet born when you complete the beneficiary designation form will be included in the distribution of proceeds if they are alive at the time of your death.

Common Disaster Clause: In this section, you may indicate that the Health and Welfare fund proceeds should be paid to your beneficiary(ies) only if they survive you by at least 24 hours. This provision ensures that your intentions are carried out in the event you and your beneficiary(ies) are involved in a common accident.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship to you (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as “Non-relative”), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
2. Complete the lower portion of the form with the information requested which pertains to you. Sign and date the form and return it to the Fringe Benefits Office at One Westbrook Corporate Center, Suite 430, Westchester, Illinois 60154. **The form must be signed and dated by the Participant to be valid, and it must be received at the Fringe Benefits Office or postmarked before the date of death of the Participant to be considered valid.**
3. If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3, and 3 of 3.

It is important that you review your beneficiary designation periodically to be sure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

PLEASE NOTE: If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.

Note: This waiver does not affect benefits payable under either the Local Union No. 9 IBEW and Outside Contractors Defined Benefit Pension Plan or the Local Union No. 9 IBEW and Outside Contractors Defined Contribution Pension Fund.