

NECA-IBEW MEMPHIS RETIREMENT PLAN
6525 Centurion Drive • Lansing, Michigan 48917-9275
Phone: 1-877-474-BENE (2363) or 1-517-321-7502 • Fax: 1-517-321-7508
www.ibew474benefits.org



BENEFICIARY DESIGNATION FORM



Section 1: Participant Information

Name (FIRST, MIDDLE, LAST)	Social Security No. (NNN-NN-NNNN)	Gender: ___ Male ___ Female
Complete Physical Street Address		Birth Date (MM/DD/YYYY):
City, State, Zip	Telephone Number (NNN) NNN-NNNN	Marital Status: ___ Married ___ Single

Section 2: Designation of Primary Beneficiary(ies)

If you are married and do not designate your spouse as your **sole, primary** beneficiary, your spouse must sign Section 4. If you are not married on the date that you sign this form, but subsequently become married, this designation of beneficiary shall cease to be effective upon the one-year anniversary of your marriage. To name more than two primary or four secondary beneficiaries, submit an additional form and check this box on both forms: ___ (Your spouse must sign both forms, when necessary.)

I hereby designate the person(s) or trust(s) listed below as my primary beneficiary(ies) under the Plan. If more than one person listed below survives me, my benefits shall be divided according to the percentages indicated (the percentages must add up to 100%). If a beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages.

Percentage	Name or Trust	Relationship	Street Address
	Social Security Number or Tax ID Number	Birth Date	City/State/Zip Code
Percentage	Name or Trust	Relationship	Street Address
	Social Security Number or Tax ID Number	Birth Date	City/State/Zip Code

___ I am naming more than two primary beneficiaries. I understand I must submit an additional form and check this box on both forms.
 In addition, I understand that if I am married, my spouse must sign Section 4 of both forms.

Section 3: Designation of Contingent Beneficiary(ies)

If no primary beneficiary (listed in Section 2) Survives me, I hereby designate as my beneficiary the person(s) listed below who survive me as my contingent Plan beneficiary(ies). If more than one is designated below, the percentages must add up to 100%

Percentage	Name	Relationship	Social Security Number (NNN-NN-NNNN)
Percentage	Name	Relationship	Social Security Number (NNN-NN-NNNN)
Percentage	Name	Relationship	Social Security Number (NNN-NN-NNNN)
Percentage	Name	Relationship	Social Security Number (NNN-NN-NNNN)

___ I am naming more than four contingent beneficiaries. I understand I must submit an additional form and check this box on both forms.

PLEASE COMPLETE OTHER SIDE

Section 4: Spousal Consent (This consent is required only if you designate someone other than your spouse as a primary beneficiary):

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above on this form(s) and am signing this consent voluntarily. I further understand that if I wish to receive the Plan death benefits, I should not sign below. Further, I understand that my spouse cannot change any primary beneficiary(ies) in the future without my written consent.

Spouse's Signature	Date
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Witness on this _____ day of _____, 20____, the above identified came before me, acknowledged the foregoing statement, and duly acknowledged to me that he/she executed this voluntarily. Affix Notary Seal on this form.

Notary Public's Signature	Commission Expiration Date
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Section 5: Participant Authorization

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

Participant's Signature	Date
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MAIL FORM TO:

**NECA-IBEW Memphis Retirement Plan
6525 Centurion Drive
Lansing, MI 48917-9275**

FOR QUESTIONS CONTACT:

**FUND OFFICE:
(877) 474-BENE (2363)
(517) 321-7502**