

BENEFICIARY DESIGNATION FORM

SOUTHERN CALIFORNIA IBEW-NECA DEFINED CONTRIBUTION PLAN

NOTE: If you choose to name more than four Primary and/or Secondary Beneficiaries, please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper. If you are married and designate additional primary beneficiaries, you must obtain your spouse's written and notarized consent.

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

Name			Social Security No.		
<i>First</i>	<i>Middle Initial</i>	<i>Last</i>			
Address					
<i>Street</i>		<i>City</i>	<i>State</i>	<i>ZIP</i>	
Date of Birth			Telephone No. ()		
<i>Month</i>		<i>Day</i>	<i>Year</i>		
E-mail Address			Local Union No.		
CHECK ONE:					
<input type="checkbox"/> Initial Beneficiary Designation			<input type="checkbox"/> Change in Prior Beneficiary Designation		

I. PRIMARY BENEFICIARY DESIGNATION

MARITAL STATUS **Married** **Not Married**

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person or persons listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

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.

1		/ /		
	Name	Date of birth	Social Security number	
	Relationship	Address		[] % Percentage
2		/ /		
	Name	Date of birth	Social Security number	
	Relationship	Address		[] % Percentage
3		/ /		
	Name	Date of birth	Social Security number	
	Relationship	Address		[] % Percentage
4		/ /		
	Name	Date of birth	Social Security number	
	Relationship	Address		[] % Percentage
Total =				100%

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

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 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 - A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____) County of _____)

On _____ before me, _____, personally appeared _____,
(insert date) (insert name and title of the officer) (insert name of person to be sworn)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

My Commission Expires: ____ / ____ / ____

Notary Public Signature _____

[PLACE NOTARY SEAL AND/OR STAMP ABOVE]

III. SECONDARY BENEFICIARY DESIGNATION

If no primary beneficiary listed in Part I above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

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.

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