

# BENEFICIARY DESIGNATION FORM

## SOUTHERN CALIFORNIA IBEW-NECA PENSION PLAN

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

**NOTE:** If you are married and designate additional primary beneficiaries, you must obtain your spouse's written and notarized consent.

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_  
First Middle Initial Last

**Address** \_\_\_\_\_  
Street City State ZIP

**Date of Birth** \_\_\_\_\_ **Telephone No. ( )** \_\_\_\_\_  
Month Day Year

**E-mail Address** \_\_\_\_\_ **Local Union No.** \_\_\_\_\_

**MARITAL STATUS:**     Single                       Married                       Divorced                       Widowed

### I. BENEFICIARY DESIGNATION:

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must sign this Beneficiary Designation form. Under the Defined Benefit Plan, Section 8.3, if an unmarried Participant or a married Participant whose spouse has consented to a waiver dies any benefits payable under Sections 8.4 or 8.5 of the Plan shall be paid to the Participant's surviving children under the age of 21 prior to any payment to any other designated or preference beneficiary. Under Section 8.6, Dependent's Benefit for Disabled Participants, a monthly benefit equal to 50% of the disability pension payable to the Disabled Participant will be continued to his eligible children under age 21 AND will be divided equally among all such eligible children. Your beneficiary designation will automatically be deemed revoked upon certain changes in marital status. If you are currently single and later marry, the beneficiary designation you are making at this time will be automatically revoked unless the person you are naming as your beneficiary at this time is the person who becomes your spouse. Should your beneficiary be automatically revoked, benefits will be paid in accordance to the succession order in the Summary Plan Description governing benefit payments when no beneficiary designation has been made.

### PRIMARY BENEFICIARY DESIGNATION

**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.

<b>1</b>	Name	Date of birth	Social Security number	
	Relationship	Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
<b>2</b>	Name	Date of birth	Social Security number	
	Relationship	Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
<b>3</b>	Name	Date of birth	Social Security number	
	Relationship	Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
<b>4</b>	Name	Date of birth	Social Security number	
	Relationship	Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
				<b>Total = 100%</b>

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](http://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 primary 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**

**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.

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