



# IBEW NECA Conduit 401k Plan Designation of Beneficiary Form

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
EMPLOYER		HOME LOCAL UNION NUMBER		

<b>CURRENT MARITAL STATUS</b>
<input type="radio"/> <b>Not married.</b> I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
<input type="radio"/> <b>Married.</b> I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

<b>PRIMARY BENEFICIARY #1</b>				
FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
RELATIONSHIP			PERCENTAGE	

<b>PRIMARY BENEFICIARY #2</b>				
FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
RELATIONSHIP			PERCENTAGE	

<b>CONTINGENT BENEFICIARY #1</b>				
FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
RELATIONSHIP			PERCENTAGE	

<b>CONTINGENT BENEFICIARY #2</b>				
FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
RELATIONSHIP			PERCENTAGE	

**AUTHORIZATION**

I certify that the information provided on this form is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT OF SPOUSE**

I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as primary beneficiary on this form I am waiving any right I may have to received benefits under the Plan when my Spouse dies.

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The signature of the spouse must be witnessed by the Plan Administrator or Notary Public.

Plan Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: IBEW-NECA Conduit 401(k) Plan, 2120 Hubbard Ave., Decatur, IL 62526-2871