

**NECA – LOCAL NO. 145 IBEW ANNUITY AND PROFIT
SHARING PLAN**

**1700 FIFTY SECOND AVENUE, SUITE B
MOLINE, ILLINOIS 61265
(309)764-8080**

BENEFICIARY DESIGNATION

In the event of my death, all proceeds will be paid to my Primary Beneficiary if living, otherwise to my Secondary Beneficiary, as indicated below. If this is to change my beneficiary, then this designation replaces all previous designations.

(a) Primary Beneficiary* Relationship

Address City State

Social Security Number Date of Birth

(b) Secondary Beneficiary Relationship

Address City State

Social Security Number Date of Birth

* (c) I hereby represent and certify that I (1) AM ____ (2) AM NOT ____ **married (check one).**

Employee's Signature Print Employee's Name

Employee's Social Security Number Employee's Date of Birth

Employee's Address

Date of Hire Date Completed Form

***NOTE: If you are married and choose a Primary Beneficiary other than your spouse, your spouse's written notarized consent is required below. If you list multiple beneficiaries, each will receive an equal portion unless you indicate otherwise. (IF APPLICABLE)**

CONSENT OF EMPLOYEE'S SPOUSE TO BENEFICIARY DESIGNATION

I hereby consent to the designation by my spouse of a beneficiary other than me. I understand my consent is required for this beneficiary designation to be effective, and that my death benefits from the plan would automatically be paid to me if I did not consent to this designation.

Spouse's Name Signature of Spouse

Sworn and subscribed before me a notary public under the laws of the State of _____, this
_____ day of _____, 200_.

Notary Public

Accepted for the Board of Trustees Date