N.E.C.A. – LOCAL NO. 145 I.B.E.W PENSION FUND

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 (<u>check one</u>).**

_____ _____
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