

**NECA – LOCAL NO. 145 IBEW WELFARE 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 <span style="float: right;">State</span>
Social Security Number	Date of Birth

(b) Secondary Beneficiary	Relationship
Address	City <span style="float: right;">State</span>
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
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**\*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
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Sworn and subscribed before me a notary public under the laws of the State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

Accepted for the Board of Trustees	Notary Public
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Accepted for the Board of Trustees	Date
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