

ELECTRICAL WORKERS FRINGE BENEFIT FUNDS

Administrative Office
2002 London Road, Suite 300
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Telephone 218-724-8883 or (877) 908-3863 www.ibew242and294benefits.com

BENEFICIARY DESIGNATION FORM

Check which Funds you would like this form to apply to:

ALL Supplemental Pension/Annuity only 401(k) only SUB Fund only (294 only)

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Social Security No.: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION

Check here if this is a change from a previous designation.

	Name of Beneficiary	Relationship	Address of Beneficiary	Benefit %
PRIMARY	_____	_____	_____	_____
PRIMARY	_____	_____	_____	_____
CONTINGENT	_____	_____	_____	_____
CONTINGENT	_____	_____	_____	_____

(If more than one named, the surviving beneficiaries shall share equally unless otherwise stated above.)

SIGNATURES:

Employee's Signature _____ Date _____

SPOUSE'S CONSENT TO WAIVE

IF YOU ARE MARRIED AND DO NOT NAME YOUR SPOUSE AS BENEFICIARY, YOUR SPOUSE MUST SIGN THE CONSENT BELOW. *Your signature MUST be witnessed by a Plan Representative or Notary Public.*

SPOUSAL CONSENT: I consent to the above designation, and I waive all claims to said benefits. I understand it eliminates benefits otherwise payable to me if my spouse dies.

Spouse's Signature: _____ Date: _____

Signature Witnessed by: _____

Subscribed and sworn before me this _____ day of _____, 20_____

{Seal}

Signature of Notary