Electrical Contractors' Association & I.B.E.W. Local No. 134 Pension Plan No. 5 BENEFICIARY DESIGNATION FORM ☐ Initial Designation ☐ Change of Designation Use this form to name a beneficiary to receive any benefits payable under the plan in the event of your death. You should review your beneficiary designation any time your marital status changes. You may change your beneficiary at any time by filing a new Beneficiary Designation Form. Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor. Please return your completed form to: Electrical Insurance Trustees, Attn: Pension Department, 6195 West 115th Street, Alsip, IL 60803. **Participant Information** Please print clearly in CAPITAL LETTERS. (To be filled out by Participant) Social Security Number Last Name First Name MI **Marital Status** I certify that I am: Married. (If you are married, your spouse must complete the "Spousal Consent" section if you name anyone other than your spouse as a primary beneficiary.) ☐ Not Married. (If you later marry, your new spouse will <u>automatically</u> become the sole primary beneficiary, unless you complete a new Beneficiary Designation Form.) **Beneficiary Designation Primary Beneficiary Designation** I name the following primary beneficiary(ies) to receive any amounts payable to me under the plan at my death (check only one): My spouse (as of my date of death) as sole primary beneficiary The following primary beneficiary(ies)

Primary	Primary	Social Security	Date of Birth	Relationship	Benefit %
Beneficiary(ies)	Beneficiary(ies)	No.	MM-DD-YYYY	("None" if not	
Name	Address			related)	
1.					%
2.				-	%
3.					%

Secondary Beneficiary Designation (optional)

I also name the following secondary beneficiary(ies) to receive benefits if I am not survived by any primary beneficiary (complete only if you want to name secondary beneficiary(ies):

Secondary Beneficiary(ies)	Secondary Beneficiary(ies)	Social Security No.	Date of Birth MM-DD-YYYY	Relationship ("None" if not	Benefit %
Name	Address			related)	
1.					%
2.					%
3.					%

If you name two or more primary beneficiaries or two or more secondary beneficiaries, your benefits will be divided <u>equally</u> among the surviving primary or secondary beneficiaries (whichever applies), <u>unless</u> you indicate otherwise in the "Benefit %" columns. **Make sure the benefit percentages you list total 100%**. If any of your primary or secondary beneficiaries dies before you do, your benefits will be reallocated among the surviving primary or secondary beneficiaries (whichever applies), in proportion to the percentages you designated for them. If necessary, you may use a separate sheet to list additional beneficiaries and attach it to this form.

Participant Signature	
I name the beneficiary(ies) indicated above and revoke any previous	s beneficiary designation made under the plan.
Signature of Participant	Date (MM-DD-YYYY)
Spousal Consent	
after my spouse dies. I agree to give up that right and to have that cannot change the name of any beneficiary in the future unless I c receive less money than I would have received if I had not signed	I understand that I have the right to all of my spouse's vested account in a tamount paid to the beneficiary(ies) named above. I understand that my consent to the change. I understand that by signing this Spousal Consent this Spousal Consent, and I may receive nothing from the plan after my I am signing this Spousal Consent voluntarily. I understand that if I do not under the plan when my spouse dies.
after my spouse dies. I agree to give up that right and to have that cannot change the name of any beneficiary in the future unless I c receive less money than I would have received if I had not signed dies. I understand that I do not have to sign this Spousal Consent.	t amount paid to the beneficiary(ies) named above. I understand that my consent to the change. I understand that by signing this Spousal Consent this Spousal Consent, and I may receive nothing from the plan after my I am signing this Spousal Consent voluntarily. I understand that if I do not be a significant to the second
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