



## DESIGNATION OF BENEFICIARY

### IMPORTANT NOTICE REGARDING DESIGNATION OF BENEFICIARY

**To the Employee:** Federal law requires that if you are married, benefits payable under the Plan by reason of your death must be paid to your surviving spouse. However, you have the right to designate a beneficiary other than your spouse, provided your spouse consents, in writing, to the designation.

**To the Employee's Spouse:** If your spouse designates someone other than you as primary beneficiary, the designation will only be effective if you agree to the designation by signing the Spouse's Consent below and it is witnessed by a notary public or Plan representative.

I hereby designate the following individual or individuals as my beneficiary or beneficiaries under the IBEW Local 40-NECA 401(k) Plan, and I hereby revoke any beneficiary designations previously made by me.

Primary  
Beneficiary

\_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Contingent  
Beneficiary

\_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Contingent  
Beneficiary

\_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

## SPOUSAL CONSENT

I consent to my spouse's designation of the beneficiary or beneficiaries named above. I understand and agree that, unless I am named as my spouse's primary beneficiary above, I am hereby waiving and relinquishing important survivor benefits under the Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/PLAN REPRESENTATIVE in and for the

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_