

**JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES'  
RETIREMENT INCOME PLAN**

**Pre-Retirement Beneficiary Designation Form**

Please Print. Complete all applicable areas

**Part I. Employee Information:**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_  
Status:  Married  Single US Citizen/Resident Alien:  Yes  No

**INSTRUCTIONS**

***The purpose of this form is to name a beneficiary should you die prior to retirement. Upon your retirement you will be given another opportunity to provide benefits to a beneficiary, as this form will not apply.***

The beneficiary designation(s) in this Form shall be effective upon execution and delivery to the Plan Administrator. You can change your designation at any time by completing a new form. Upon execution of a new Form, all prior designations will no longer be valid.

You may name at least one person or entity as your Primary Beneficiary.

You may have more than one person or entity as your Primary Beneficiaries and/or Contingent Beneficiaries. If your designation exceeds the space provided below, you may complete an additional Beneficiary Designation Form(s). You cannot name the same person or entity as both a Primary and a Contingent Beneficiary.

**NOTE: PLEASE REFER TO THE PLAN'S SUMMARY PLAN DESCRIPTION TO DETERMINE IF YOU ARE ELIGIBLE FOR A PRE-RETIREMENT DEATH BENEFIT.**

***Note: If you are married, your spouse is automatically your Designated Beneficiary. If you name someone other than your spouse, then your spouse must complete and sign the Spousal Consent section of this Form to approve the person(s) or entity named herein as your non-spouse Beneficiary(ies).***

**Part II. BENEFICIARY ELECTION:**  New  Change (check one)

***You must select one applicable provision under Section A, B or C as indicated below. If you select Section A, you must choose Item 1, 2 or 3.***

**A.**

I hereby acknowledge that I am married and designate my spouse as my primary beneficiary. (Select one and complete Parts III and IV on the following page.)

(1) If my spouse does not survive me, I direct that my benefit be paid in equal shares to such of my children as shall be living at my death; except that the then living descendants of a deceased child of mine shall take per stirpes the share, which the child would have received if living. I intend that this provision provide for all my children, including any hereafter born or adopted. (*Per stirpes*, is that a bequest is divided equally at the initial level of the participant's decedents (*i.e.*, children), whether living or not at the participant's death, because any

deceased child's share will then be passed on to the deceased child's children (i.e., the participant's grandchildren) to share equally the deceased child's share.)

(2) If my spouse does not survive me, I direct that my benefit be paid in equal shares to such of my children as shall be living at my death. (per capita). I intend that this provision provide for all my children, including any hereafter born or adopted. (*Per capita*, is that a bequest is divided equally at the initial level of the participant's *living* decedents (i.e., children), with the children of any deceased child (i.e., the participant's grandchildren) not receiving any portion of the participant's distribution.)

(3) If my spouse does not survive me, I direct that my benefit be paid to my Beneficiaries in the shares designated below.

**B.**

I understand that I may, at any time and with the consent of my spouse, execute a waiver of my spouse as my designated Beneficiary and name a new Beneficiary in place thereof. I hereby acknowledge that I am married and with the consent of my spouse, I have designated the following person(s) as my Beneficiary(ies). You must complete Parts III and IV on pages 3 and 4, and your spouse must complete Part V on page 4.

**C.**

I hereby acknowledge that as of the date of this designation, I am not currently married and designate the following person(s) as my Beneficiary(ies) in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan and that I must complete and deliver to the Plan Administrator a new designation form. You must complete Parts III and IV on page 3 and 4.

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**Part III. BENEFICIARY DESIGNATION\*:**  New  Change

\* If you are married, your spouse is automatically entitled to 100% of any applicable benefit as your Primary Beneficiary unless he or she has completed Part V of this form.

**A. Primary Beneficiaries**

In the event of my death I name the following as my Primary Beneficiary(ies):

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship:  Spouse  Other: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Note: Complete so that the total percentage for all entries equals 100%. If the percentages do not add up to 100% the benefit will be paid in equal shares.

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**B. Contingent Beneficiaries**

In the event there are no Primary Beneficiaries, I name the following as my Contingent Beneficiary(ies):

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage of total benefit to be paid to the above person. \_\_\_\_\_%.

Note: Complete so that the total percentage for all entries equals 100%. If the percentages do not add up to 100% the benefit will be paid in equal shares.

**Part IV. Participant Acknowledgement:** By signing this Beneficiary Designation Form, I acknowledge and authorize the payment of my vested benefit in the JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN, in the event of my death to the person or persons named herein.

I further acknowledge that this designation will remain in effect until a new Beneficiary Designation Form is filed with the Plan Administrator.

I certify that I am  Single  Married and acknowledge that I understand the Spousal Consent provisions of the Plan.

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

\_\_/\_\_/\_\_\_\_  
Date



**Note: If you are married and have not named your Spouse as your Primary Beneficiary you must have your spouse sign the Spousal Consent section of this Form and your Spouse's signature must be notarized.**

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**Part V. Spousal Consent:** I hereby approve of, and consent to the above Beneficiary Designation in the JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY EMPLOYEES' RETIREMENT INCOME PLAN ("the Plan"). I understand the effect of this election and hereby waive my right to receive the benefit that would otherwise be payable under the Plan.

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

\_\_/\_\_/\_\_\_\_  
Date

**Notary Certification**

I, \_\_\_\_\_, a Notary Public, do hereby certify

that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me came

\_\_\_\_\_, whose signature is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she freely and voluntarily consents to this non-spousal Beneficiary Designation. I hereby acknowledge this signature as belonging to the above named individual.

\_\_\_\_\_  
Notary Public

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

SEAL

in and for the County of \_\_\_\_\_, State of \_\_\_\_\_