

IBEW Local 38 401(k) Retirement Plan

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BENEFICIARY DESIGNATION FORM*Use this form to designate your beneficiary(ies) to receive any benefits payable under the 401(k) Plan upon your death.***1. Participant Information:**

PARTICIPANT'S NAME (LAST, FIRST, M.I.)

PHONE NUMBER

BIRTHDATE

SOCIAL SECURITY NUMBER

EMAIL

 MARRIED If you are married and you have NOT elected your spouse as sole primary beneficiary, your spouse MUST complete Section 3. **NOT MARRIED** If you later marry, your new spouse will automatically become your beneficiary, unless you complete a new Beneficiary Designation Form and your new spouse completes Section 3.**2. BENEFICIARY(IES) DESIGNATION**

If you are married and you do NOT name your spouse as 100% primary beneficiary under the 401(k) Plan, you must obtain your spouse's notarized signature in the SPOUSAL CONSENT section below. If you name more than one primary beneficiary, the 401(k) Plan benefit payable upon your death will be divided equally among your primary beneficiaries, unless you indicate otherwise in the benefit percentage column. Be sure that the total benefit percentages payable to primary beneficiaries equals 100%. Unless you indicate otherwise: (1) If only one of the multiple primary beneficiaries survives you, they will receive 100% of the benefits that would have otherwise been payable to you and (2) If all of your primary beneficiary(ies) predecease you, your plan benefit will be paid to the secondary beneficiary(ies) named below.

Percentage %	Beneficiary Name	Social Security Number	Relationship	Primary/Secondary

3. SPOUSAL CONSENT

I have voluntarily consented to permit my spouse, the Participant, to name a beneficiary other than me to receive the death benefit due under the 401(k) Plan and I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death, (2) my spouse's designation of another primary beneficiary is not valid unless I consent to, and (3) my consent is irrevocable unless my spouse revokes this waiver.

Spouse Signature

Date

On _____ (date) before me, personally appeared _____ (Name) and executed this instrument, acknowledging that he/she is the participant's spouse and that he/she signed this instrument as his/her free act and deed.

(Seal)

Signature of Notary Public

Date Commission Expires

4. PARTICIPANT SIGNATURE

I hereby make the designation of beneficiary(ies) specified above and revoke any previous designations made under the Plan. I understand that I may only change the beneficiary(ies) named above by filing a new Beneficiary Designation Form.

Participant's Signature

Date

Please return the completed form to the Fund Office:
IBEW Local 38 Fringe Benefits Office P.O. Box 6326 Cleveland, OH 44101-1326
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