

**IBEW Local 38 401(k) Retirement Plan  
BENEFICIARY DESIGNATION FORM  
1-877-864-6644**



- Use this form to designate your beneficiary(ies) to receive any benefits payable under the Plan in event of your death.
- Use the legal name and social security number for each beneficiary (e.g., Mary B. Jones not Mrs. John Jones).
- You may use a separate sheet to list additional beneficiaries and attach it to this form if necessary.
- Review your beneficiary designation any time your marital status changes.
- You may change your designation of beneficiary at any time by completing a new Beneficiary Designation Form.

**1. MEMBER INFORMATION**

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

**2. BENEFICIARY(IES) DESIGNATION**

If you are married and you do not name your spouse as the sole primary beneficiary of all of your benefits under the Plan, you must obtain your spouse's signature in the SPOUSAL CONSENT section below. If you name more than one primary beneficiary, the 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, he or she 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.

Beneficiary's Name	Social Security Number	Date of Birth	Spouse Yes or No	Benefit Percentage	Primary/Secondary Beneficiary
1.					
2.					
3.					
4.					

**3. MARITAL STATUS**

I certify that I am (check one)

- Married (If you are married, your spouse must complete Section 4 if you name anyone other than your spouse as your beneficiary).
- 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 4.)

**4. SPOUSAL CONSENT**

I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive the death benefit due under the 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's Signature \_\_\_\_\_

Date (MM-DD-YYYY) \_\_\_\_\_

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.

Signature of Notary Public (*stamp or seal required*) \_\_\_\_\_

My commission expires on \_\_\_\_\_

**5. MEMBER 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, in good order.

Member Signature \_\_\_\_\_

Date (MM-DD-YYYY) \_\_\_\_\_

**6. RETURN FORM**

Please return completed form to your Fund Office.

IBEW Local 38  
Fringe Benefit Fund, Inc.  
P.O. Box 6326  
Cleveland, OH 44101-1326

CV90(11)651005-011 11/24/14



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