

# ELECTRICAL CONSTRUCTION INDUSTRY ANNUITY PLAN

## I. Beneficiary Designation Form

I, the undersigned, hereby revoke any and all prior death benefit designation or directions pursuant to the Electrical Construction Industry Annuity Plan (the "Plan") and hereby direct that any benefits payable pursuant to the Plan upon my death be paid to the following beneficiary or beneficiaries:

### PRIMARY BENEFICIARY

I name the following as my primary beneficiary(ies) to receive any unpaid portion of my account under the Plan after my death:

1.	_____	_____	_____
	Name	Address	City, State, Zip Code
	_____	_____	_____
	Relationship	Social Security Number	Amount of Benefit (%)
2.	_____	_____	_____
	Name	Address	City, State, Zip Code
	_____	_____	_____
	Relationship	Social Security Number	Amount of Benefit (%)

### CONTINGENT BENEFICIARY

I name the following as my contingent beneficiary(ies) to receive any unpaid portion of my account under the Plan if no primary beneficiary(ies) is living when I die:

1.	_____	_____	_____
	Name	Address	City, State, Zip Code
	_____	_____	_____
	Relationship	Social Security Number	Amount of Benefit (%)
2.	_____	_____	_____
	Name	Address	City, State, Zip Code
	_____	_____	_____
	Relationship	Social Security Number	Amount of Benefit (%)

Note that additional primary or contingent beneficiaries may be named by completing additional Beneficiary Designation Forms and attaching them to this Form.

If I have designated more than one person as primary or contingent beneficiary, and if one or more, but not all, fail to survive me, then the shares of these designated person(s) who do not survive me shall be paid or payable:

- \_\_\_\_\_ To their respective children then living, by right of representation.
- \_\_\_\_\_ To those designated beneficiary(ies) who do survive me, share and share alike.
- \_\_\_\_\_ Not applicable.

Unless otherwise specified above, if none of the beneficiaries above survive me, payment shall be made to such beneficiary or beneficiaries as the Plan requires under such circumstances. Unless I provide explicit written directions herewith to the contrary, the Plan Administrator shall direct the method and timing of the payment as provided in the Plan.

This instrument shall become effective without further notice upon its receipt by the Plan Administrator and, if necessary, the consent of my spouse, and is subject to all of the terms and conditions of the Plan and Trust.

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

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

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

**NOTE:** Any individual who has not named his or her spouse as the sole primary beneficiary must complete **either** the Spouse's Consent to Designation of Beneficiary or the Statement of Non-Marriage. See sections II and III, attached.

## II. Spouse's Consent to Designation of Beneficiary

I, hereby consent to the Beneficiary Designation executed and submitted by my spouse for the Electrical Construction Industry Annuity Plan (the "Plan").

In so consenting, I understand that:

1. My spouse has designated the beneficiary identified on the Beneficiary Designation Form to receive some or all of the death benefits payable by the Plan upon my spouse's death;
2. I may be legally entitled to 100% of the death benefits unless I consent otherwise (as I am now doing);
3. This consent is irrevocable unless my spouse amends the designation; and
4. If my spouse amends the designation and I am not the primary beneficiary, the amendment will be effective only if I then consent to it.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Print Name of Spouse

\_\_\_\_\_ Print Name of Participant

WITNESS:

\_\_\_\_\_ Plan Representative

or

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ NOTARY PUBLIC

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

\*SPOUSE'S SIGNATURE MUST BE WITNESSED BY A NOTARY OR A REPRESENTATIVE OF THE PLAN. IF THE PARTICIPANT IS NOT MARRIED, THIS SECTION NEED NOT BE COMPLETED.

## III. Statement of Non-Marriage

I hereby certify that I am not married at this time.

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

\_\_\_\_\_ Date

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