

**EMPLOYEE DATA AND BENEFICIARY CARD
I.B.E.W. LOCAL 9 AND LINE CLEARANCE CONTRACTORS 401k RETIREMENT PLAN**

(PLEASE PRINT OR TYPE INFORMATION)

LAST NAME		FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		CITY AND STATE	ZIP CODE
MY DATE OF BIRTH	MY SOCIAL SECURITY NUMBER		
MY HOME TELEPHONE NUMBER	MY MARITAL STATUS (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW(ER)		

**MARRIED PARTICIPANTS COMPLETE THIS SECTION
(CHECK ONE)**

I understand that my legal spouse is my beneficiary under the Plan. My spouse's full name is:
SPOUSE'S NAME HERE: _____

SPOUSE'S SOCIAL SECURITY NUMBER: _____ SPOUSE'S DATE OF BIRTH: _____

I am married but wish to name a beneficiary other than my spouse. Please send me the necessary forms.

SINGLE PARTICIPANTS COMPLETE THIS SECTION

I certify that I am not legally married as of this date. I wish to designate the following as beneficiary:

	<u>FIRST NAME</u>	<u>INITIAL</u>	<u>LAST NAME</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		

ALL PARTICIPANTS SIGN HERE

I understand that all beneficiaries will share equally if I name more than one. I understand that this Beneficiary designation is not effective if I am legally married at the date of my death unless my spouse has waived spousal rights in a form legally acceptable to the trustees.

Sign Here

Date

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6525 CENTURION DRIVE, LANSING, MI 48917-9275**