

**BENEFICIARY DESIGNATION FORM****IBEW LOCAL 9 and LINE CLEARANCE CONTRACTORS  
401(k) RETIREMENT SAVINGS PLAN**

*This beneficiary designation will apply solely to the 401(k) Retirement Savings Plan. Please complete a separate form to designate a beneficiary for the Health & Welfare Fund (life insurance benefit).*

**Participant Information:**

NAME - Last, First, MI		SOCIAL SECURITY NUMBER	GENDER - M/F
ADDRESS	APT	BIRTH DATE	MARITAL STATUS - M/S
ADDRESS		PHONE NUMBER	
CITY	STATE	ZIP	

**Instructions:** If you are married and have not designated your spouse as your sole, primary beneficiary in Section 1, you must get this form signed by your spouse in Section 3. If you are not married on the date that you sign this form, but later become married, this designation of beneficiary shall cease to be effective upon the one year anniversary of your marriage. If you name your spouse as your primary beneficiary and subsequently divorce, the designation of your ex-spouse as the primary beneficiary ceases to be effective upon your divorce unless you notify the Fund through a Qualified Domestic Relations Order (QDRO) or a revised beneficiary form of your intent to keep your ex-spouse as your primary beneficiary. If a valid QDRO conflicts with the Beneficiary Designation Form, the terms of the QDRO will prevail. To name more than two primary or four secondary beneficiaries, submit an additional form and check this box on both forms:  (Your spouse must sign both forms, when necessary.)

**1. Primary Beneficiaries:**

I hereby designate the person(s) or trust(s) listed below as my primary beneficiary(ies) under the Plan. If more than one person listed below survives me, my benefits shall be divided according to the percentages indicated (the percentages must add up to 100%). If a beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages.

PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS		
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY	STATE	ZIP
PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS		
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY	STATE	ZIP

**2. Secondary or Contingent Beneficiaries:**

If no primary beneficiary (listed in Section 1) survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, the percentages must add up to 100%.

PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS

**3. Spousal Consent (This consent is only required if you designate someone other than your spouse as a primary beneficiary):**

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I am signing this consent voluntarily. I further understand that if I wish to receive the death benefits under the Plan, I should not sign below. (For more than two primary beneficiaries, a spousal signature is required on each additional form.)

\_\_\_\_\_ signed on \_\_\_\_\_ in presence of \_\_\_\_\_  
 Spouse's Signature Date Notary or Plan Representative

**4. Participant Signature:**

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

\_\_\_\_\_ signed on \_\_\_\_\_  
 Participant Signature Date

If you have any questions regarding this form, please contact the Fund Office at (877) 423-9155  
 6525 W. Centurion Drive  
 Lansing, MI 48917-9275