

IBEW LOCAL NO. 32 NECA PENSION PLAN BENEFICIARY FORM

Participant Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

INSTRUCTIONS:

Married: If you are legally married for one (1) year at the time of your death, Federal law and the IBEW Local No. 32 NECA Pension Plan require that benefits be paid to your surviving spouse. If you do not designate your spouse as your sole, primary beneficiary in Section 1, the Fund will require a notarized consent statement from your spouse (see Section 3).

Single: You may choose any person or trust as a primary or contingent beneficiary. However, if you later become married, this beneficiary designation shall cease to be effective and your spouse will automatically be substituted as your primary beneficiary as of one (1) year from the date of your marriage.

Completion of Section 2, contingent beneficiary, is optional. A contingent beneficiary is your beneficiary only if your primary beneficiary(ies) has not survived you. Attach additional pages if necessary.

**SECTION 1:
PRIMARY PENSION PLAN DEATH BENEFIT BENEFICIARY:**

Beneficiary's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

**SECTION 2:
CONTINGENT PENSION PLAN DEATH BENEFIT BENEFICIARY:**

Beneficiary's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

Participant Signature

Date

PLEASE RETURN THIS FORM TO:
6525 Centurion Drive • Lansing, MI 48917-9275
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