

*Orange County IBEW-NECA Electrical Workers Defined Contribution Pension Plan
Beneficiary Designation*

Account Number MR 60032

Participant's Name _____
first middle last

Participant's Address _____
street

city state zip

Social Security No. _____ Marital Status: Married Single or Legally Separated

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.
 Spouse's Name: _____
 Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

If applicable, Spouse's Date of Birth: _____
mm/dd/yyyy

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

 Spouse's Signature

 Date

 Notary Public Signature Date

 Date Commission Expires

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

Participant

_____/_____/_____
Date

I, the plan administrator, certify the above information is correct to the best of my knowledge. If a married participant designated a Non-Spouse Primary Beneficiary and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

Plan Administrator

_____/_____/_____
Date

Sample wording for use in completing this form:

To Designate

1. Your estate

2. The trustee of the Trust established under your Will

3. The trustee of your Revocable or Irrevocable Trust

Use This Wording

Executors or Administrators of my estate

(Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)

(Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust)