## **IBEW Local Union #22/NECA**

**VISTA # 092446** 

Pension Plan "B"

## **Beneficiary Designation**

Account Information	
Social Security #	Telephone #
Name (Last, First, MI)	
Address	
City	State Zip
Date of birth	
Check here if address listed above is a new address.	
Beneficiary Information  Please indicate the percentage of your balance to be allocated to each beneficiary.  Percentages for primary and secondary beneficiaries must each total 100%	
Primary Beneficiary(ies)	Secondary Beneficiary(ies)
Name	Name
Social Security #	Social Security #
Percentage%	Percentage%
Relationship	Relationship
Name	Name
Social Security #	Social Security #
Percentage %	Percentage %
Relationship	Relationship
I hereby represent and certify that I am not married.	
<b>Note:</b> Under the Plan, if you are married your primary beneficiary is automatically your spouse unless your spouse executes the notarized consent below. Please refer to the Summary Plan Description for further details.	
Spousal Consent (If applicable)	
I hereby consent to the designation by my spouse of the primary beneficiary(ies) set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I may not be entitled to any benefits from the Plan upon my spouse's death.	
Name	
Social Security #	Date of birth (mm/dd/yyyy)
Signature	Date
The foregoing "Spousal Consent" was acknowledged before me.	
Notary Public	Date
Authorization	
Signature of Employee Da	Date Signature of Plan Administrator Date