

**IBEW LOCAL UNION NO. 22/NECA
DEFINED BENEFIT PENSION FUND, PLAN "A"**

Electrical Industry Center
8960 "L" Street, Suite 101
Omaha, NE 68127-1414
(402) 593-7565

BENEFICIARY DESIGNATION

Please Print – Must Be Signed

_____/_____/_____/_____/_____
Name Street Address City State Zip

_____/_____
Date of Birth Social Security Number

Please check the appropriate box(es)
Married *Single
Widowed Divorced
**Date of Divorce: _____

*By checking "Single" you hereby represent and certify that you are not currently married.
**If you have been divorced more than once, please indicate all dates of divorce.

If married please indicate date of marriage: _____

Primary Beneficiary(ies)

1. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

2. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

3. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

Secondary Beneficiary(ies)

1. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

2. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

3. Name _____
SS# _____ - _____ - _____
Percentage _____ %
Relationship _____

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse. Please refer to the Summary Plan Description for further details.

Please list addresses for beneficiaries (if different from your own) on the reverse side of this form.

Authorization

Signature of Employee Date Signature of Plan Representative Date