

# IBEW LOCAL 573 PENSION PLAN

1-800-733-7709  
(330) 779-8873

3660 Stutz Dr., Suite 101  
Canfield, Ohio 44406

## DEAR PLAN PARTICIPANT:

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for this local union pension fund. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

### PLEASE PRINT:

NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

### BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant should contact the Fund Office at the phone number listed above to request the Election To Waive Pre-retirement Survivor Annuity Form. If you complete this Beneficiary Form and elect a Primary Beneficiary other than your spouse without obtaining these additional forms, once you return this beneficiary form to the Fund Office, these waiver forms and notices will automatically be sent.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of this local pension fund. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME \_\_\_\_\_ SSN# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PERCENT \_\_\_\_\_

(Additional Contingent Beneficiaries may be listed on the reverse side)|

-over-



NAME \_\_\_\_\_ SSN# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PERCENT \_\_\_\_\_

NAME \_\_\_\_\_ SSN# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PERCENT \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**THE SPOUSAL CONSENT AND ACKNOWLEDGEMENT BELOW MUST BE COMPLETED IF SOME PERSON OTHER THAN THE PARTICIPANT'S SPOUSE IS DESIGNATED ON THE REVERSE SIDE OF THIS BENEFICIARY FORM AS A PRIMARY BENEFICIARY.**

#### **SPOUSAL CONSENT AND ACKNOWLEDGEMENT**

I irrevocably hereby consent to the distribution of all or part of my spouse's vested interest under the above Plan to a beneficiary or beneficiaries, other than myself, as designated by my spouse on this form. I acknowledge that I understand the effect of such designation and of this consent thereto, namely that, in the event of my spouse's death, I will not be entitled to receive those amounts held under the Plan that are payable pursuant to the designation of this form to a beneficiary or beneficiaries other than myself and that I may not revoke this consent for any reason.

\_\_\_\_\_  
Spouse's Name (print or type)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

The foregoing spousal consent was signed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witnessed by:

\_\_\_\_\_  
Notary Public

