

MICHIGAN UPPER PENINSULA
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
PENSION PLAN

130 W. Washington Street, Suite L-9
Marquette, MI 49855
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BENEFICIARY DESIGNATION

(PLEASE COMPLETE, SIGN AND RETURN TO US)

I, _____, SS#: _____, hereby designate
the following as my Primary Beneficiary under the above-named Plan:

_____	_____
(Primary Beneficiary's Name)	(Social Security Number)
_____	_____
(Beneficiary's Birth date)	(Relationship to Me)

If the Primary Beneficiary does not survive me or survives me but dies before actual payment in full of my beneficial interest, or if there be no named Primary Beneficiary, the remaining portion of my beneficial interest shall be paid in equal shares to the following Contingent Beneficiaries:

<u>NAME</u>	<u>SS #</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP TO ME</u>
_____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____

Upon the death of a Contingent Beneficiary, any remaining portion of his beneficial interest shall be paid in equal shares to his children living at the time each payment is to be made in accordance with the Plan. Upon the death of a Contingent Beneficiary who is not survived by a child or children, or upon the death of the last surviving child of a Contingent Beneficiary, any remaining portion of his beneficial interest shall be paid in equal shares to the then living Contingent Beneficiaries and the children of any then deceased Contingent Beneficiaries, any such child or children to be paid (as described in the preceding sentence) only the share the parent would receive if living.

If the Primary Beneficiary survives me but dies before actual payment in full of my beneficial interest and if no Contingent Beneficiary or child of a Contingent Beneficiary survives the Primary Beneficiary, or if there be no named Contingent Beneficiary, the remaining portion of my beneficial interest shall be paid to the executor or administrator of the Primary Beneficiary's estate. If a Contingent Beneficiary or a child of a Contingent Beneficiary survives me and the Primary Beneficiary, but all Contingent Beneficiaries and children of Contingent Beneficiaries die before actual payment in full of my beneficial interest, the remaining portion of my beneficial interest shall be paid to the executor or the administrator of the estate of the last to survive of the Contingent Beneficiaries and their children.

This form constitutes a revocation in full of any Beneficiary designation previously made by me and may be changed or revoked by me at any time, provided that such subsequent designations be in writing and filed with the Plan Administrator no later than 10 days after my death.

Witness: _____ Date: _____

(Witness Signature -Cannot be a Beneficiary) (Plan Participant's Signature)

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Spousal Consent to Beneficiary Designation for Married Participants Only

(Your spouse must consent if you designate someone other than your spouse as your beneficiary)

As the spouse of the Participant named above, I hereby consent to the above designation of a Beneficiary to receive my spouse's Death Benefits under the Michigan Upper Peninsula International Brotherhood of Electrical Workers Pension Plan. Further, I hereby acknowledge (1) that the effect of my consent may be to forfeit benefits that I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's designation is not valid unless I consent to it; and (3) that my consent is irrevocable.

DATE: _____

(Signature of Spouse)

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NOTARIZATION

(Note: Notarization is required only for the spouse of a married participant if the spouse is not the Beneficiary. The Participants signature need not be notarized.)

STATE OF _____)
) SS.
COUNTY OF _____)

Personally came before me this _____ day _____, 20_____, the above named _____, to be known to me the person who executed the foregoing Spousal Consent to Beneficiary Designation and acknowledged the same.

Notary, Public, State of _____
My Commission _____
(Notarial Seal)

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Receipt of the above Beneficiary Designation is hereby acknowledged by the Board of Trustees:

DATE: _____