

**DEFINED CONTRIBUTION SUPPLEMENT
TO THE MICHIGAN UPPER PENINSULA
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
PENSION PLAN
130 W. Washington Street, Suite L-9
Marquette, MI 49855**

BENEFICIARY DESIGNATION-PLAN DEATH BENEFITS

(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 who survive me:

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

If none of the beneficiaries named above survive me, the remaining portion of my beneficial interest shall be distributed according to the terms of the Plan.

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: _____

(Cannot be a Beneficiary)	(Signature of Participant)
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CONTINUED

BENEFICIARY DESIGNATION-PLAN DEATH BENEFITS

(Continued)

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 Defined Contribution Supplement to 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: _____
