



NECA-IBEW Welfare Trust Fund

2120 Hubbard Avenue, Decatur, Illinois 62526-2871
Phone: (217) 875-0254 Fax: (217) 875-1487 Website: www.neca-ibew.org

Beneficiary Designation Form

Participant Name _____
(Last) (First) (Middle)

Date of Birth _____ Social Security Number _____
(Month) (Day) (Year)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email Address _____ Local Union Number _____
(Area Code) (Phone Number)

Instructions:

1. Completed forms *with an original signature* may be mailed or faxed to the Fund at the address or number above. Forms may also be submitted through the Fund's designated electronic service, as applicable. A **completed** Beneficiary Designation Form **must be received** by the Fund Office to be effective.
2. A **completed** and **received** Beneficiary Designation Form will **supersede** all previous designations.
3. If more than one Beneficiary is named, the beneficiaries shall share benefits equally, unless you specify otherwise. If you name multiple Beneficiaries within a beneficiary group and a Beneficiary within such group predeceases you or is ineligible to receive the benefit because of a divorce, then the surviving or other Beneficiary (or Beneficiaries) within that group shall receive a proportional percentage of the benefit. Contingent Beneficiaries will only receive benefits if there are no surviving or eligible Primary Beneficiaries.
4. Additional Beneficiaries may be added by attaching extra pages, if necessary. If indicating benefit percentages, the percentages must total 100% for Primary Beneficiaries and 100% for Contingent Beneficiaries.
5. If you are married and your marriage is terminated by divorce, any prior beneficiary designation naming your former spouse as Beneficiary will be null and void. If you desire to retain your former spouse as Beneficiary, you must complete a new Beneficiary form after your marriage is legally terminated.
6. Social security number for beneficiaries is optional. However, failure to provide a beneficiary's social security number may result in the Fund being unable to locate such person to issue payment.

Primary _____
(Last) (First) (Middle) (Relationship) (Benefit Percentage %) (SSN-optional)

(Street) (City) (State) (Zip Code)

Primary _____
(Last) (First) (Middle) (Relationship) (Benefit Percentage %) (SSN-optional)

(Street) (City) (State) (Zip Code)

Contingent _____
(Last) (First) (Middle) (Relationship) (Benefit Percentage %) (SSN-optional)

(Street) (City) (State) (Zip Code)

Contingent _____
(Last) (First) (Middle) (Relationship) (Benefit Percentage %) (SSN-optional)

(Street) (City) (State) (Zip Code)

I understand that this Beneficiary Designation Form shall apply to the NECA-IBEW Welfare Trust Fund Death Benefit and Accidental Death and Dismemberment Benefit as described in the Summary Plan Description. By signing below, I acknowledge and agree to the terms set forth in the instructions, including that a fully completed form is not effective unless it is received by the Fund Office.

Participant Signature _____ Date Signed _____