BENEFICIARY DESIGNATION FORM - USA
For Death Benefits From the IBEW® Pension Benefit Fund
["A" Members of the IBEW® Only]

NOTE: If you do not designate a beneficiary, your death benefits will be paid in the following order of preference:

1. To your spouse, or if none;
2. To your children in equal shares, or if none;
3. To your parents in equal shares, or if none;
4. To your estate.

If the foregoing sequence is acceptable to you, do not complete or return this form. If the order of preference listed above is unacceptable, please proceed with the completion of this form and mail to the International Secretary Treasurer. You may name either an individual(s) or an organization to receive this death benefit payment.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

MEMBER'S INFORMATION

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III

LAST NAME ☐ SR ☐ IV ☐ II ☐ V

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4 -

LOCAL UNION CARD NUMBER SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

PLEASE MAKE PAYMENT TO MY BENEFICIARY OR BENEFICIARIES EQUALLY AS FOLLOWS:

Choose One 1 ☐ **Primary** ☐ **Contingent**

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III

LAST NAME ☐ SR ☐ IV ☐ II ☐ V

RELATIONSHIP SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

BIRTH DATE / /

Mail Completed form to:

International Secretary-Treasurer, IBEW
900 7th Street N.W., Washington, D.C. 20001
ATTENTION: Pension & Death Claims Dept.

BENEFICIARY DESIGNATION FORM

Choose One 2 ☐ **Primary** ☐ **Contingent**

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III ☐ SR ☐ IV

LAST NAME ☐ II ☐ V

RELATIONSHIP SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

BIRTH DATE / /

Choose One 3 ☐ **Primary** ☐ **Contingent**

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III ☐ SR ☐ IV

LAST NAME ☐ II ☐ V

RELATIONSHIP SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

BIRTH DATE / /

Choose One 4 ☐ **Primary** ☐ **Contingent**

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III ☐ SR ☐ IV

LAST NAME ☐ II ☐ V

RELATIONSHIP SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

BIRTH DATE / /

BENEFICIARY DESIGNATION FORM

Choose One 5 ☐ **Primary** ☐ **Contingent**

☐ MR ☐ MS ☐ MRS FIRST NAME M.I.

☐ JR ☐ III ☐ SR ☐ IV ☐ II ☐ V

LAST NAME

RELATIONSHIP

SOCIAL SECURITY NO. - -

Gender* ☐ MALE ☐ FEMALE

BIRTH DATE / /

OR

Choose One 1 ☐ **Primary** ☐ **Contingent**

TAX-ID -

NAME OF ORGANIZATION, INSTITUTION OR TRUST

NAME OF ORGANIZATION, INSTITUTION OR TRUST (CONTINUED)

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4 -

Member's signature must be certified by a responsible local union official or a notary public.

MEMBER'S SIGNATURE

Sworn before me on this date / /

My Notary Commission Expires on: / /

NOTARY OR LOCAL UNION OFFICIAL'S SIGNATURE

Please place local union or notary seal here.

Print Local Union Officer or Notary Name

Local Union Officer Title Officer's LU

* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.