I.B.E.W. LOCAL NO. 704 401(K) PLAN

Beneficiary Form

Name: _____ **Social Security Number:** _____

Designation of Beneficiary

Primary Beneficiary(ies):

Name	*Date of Birth*	*Social Security Number*	*Relationship*

Contingent Beneficiary(ies):

Name	*Date of Birth*	*Social Security Number*	*Relationship*

Spousal Consent

This Section is to be completed only if Participant ***is married*** *and* ***does not designate his/her spouse as sole Primary Beneficiary.***

I understand that if the Primary Beneficiary is someone other than me, I am giving up any death benefit due to me by giving my consent to the above Designation of Beneficiary.

I understand that without my consent to the Beneficiary Designation, I am entitled to the death benefit payable to a spouse under Plan provisions in absence of a Beneficiary Designation Form. The remaining death benefits, if any not payable to me, will be payable to the Beneficiary(ies) designated by the Participant.

☐ I **DO** consent to the Beneficiary selection.
☐ I **DO NOT** consent to the Beneficiary selection.

_____ _____
Signature of Spouse Date

The person signing above appeared before a notary public and made the election as a voluntary act and deed.

_____ _____ Notary Seal **(Required)**
Signature of Notary Date

I reserve the right to change the beneficiary(ies) at any time by giving notice to the Trustees in writing. This designation revokes any previous designation of beneficiary(ies).

_____ _____ _____ _____
Participant's Signature Date Witness' Signature Date