

**Beneficiary Designation  
For  
Electrical Workers No. 292 Health Care Plan**

1. I \_\_\_\_\_ (Please Print or Type Name), hereby designate as the beneficiary or beneficiaries of such amounts as may be payable from the Plan identified above to beneficiaries designated by me, the following:

**A. Primary Beneficiary or Beneficiaries.** All benefits payable at my death shall be payable in equal shares (unless otherwise specified)\* to such of the following persons as survive me:

Name** and Address of <u>Person(s) Designated</u>	Social Security <u>Account Number</u>	Relationship <u>To Me</u>
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**B. Alternative Beneficiary or Beneficiaries.** If none of the persons named in Part A above survives me, all benefits payable at my death shall be payable in equal shares (unless otherwise specified)\* to such of the following persons:

Name** and Address of <u>Person(s) Designated</u>	Social Security <u>Account Number</u>	Relationship <u>To Me</u>
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**C.** In the event none of the persons designated in either Part A or Part B above survives me, you are directed to distribute all death benefits payable at my death in accordance with the provisions covering the contingency in the Plan document.

**\*NOTE:** If no person qualifies for a particular fractional share, that share shall be distributed pro rata among the fractional shares for which one or more persons qualify.

**\* \*NOTE:** A married woman must be designated by her first name and married surname, and not by her husband's first name. EXAMPLE: Mary Doe, not Mrs. John Doe.

2. I understand that if I designate a beneficiary by name and also indicate the beneficiary's relationship to me, the description of relationship is for identification purposes only, and that the designation of beneficiary by name will be given effect without regard to whether the relationship indicated exists either now or at my death.

3. I understand that any designation of a beneficiary only by statement of relationship to me shall be effective only to designate the person or persons standing in such relationships to me at my death.
4. I understand that, unless I have otherwise specified in this designation, the beneficiary or beneficiaries, I have designated on this form shall become fixed as of my death so that, if a beneficiary survives me but dies before the receipt of all payments due him or her under the Plan, such remaining payments shall be payable to his or her estate and not to any other beneficiary.
5. I understand that if I have used any of the following terms on this form and I have not otherwise specifically defined that term, the term shall have the following meaning: "per stirpes" means in equal shares among living children and the issue (taken collectively) of each deceased child, with such issue taking by right of representation; "children" means issue of the first generation; "issue" means all persons who are lineal descendants of the person whose issue are referred to, including legally adopted descendants and their descendants but not including illegitimate descendants and their descendants; and "surviving" means living on the date that is ten (10) days after the date of my death.
6. Any previous designation of death beneficiary made is hereby revoked. I reserve the power to change, modify or revoke this designation at any time by an instrument, similar in form to this one, delivered to and duly accepted by you prior to my death.
7. The designation made herein shall become effective upon receipt of this form signed by me and duly accepted by you and by your signing the acceptance form below prior to my death. This form may be signed in more than one counterpart, each of which, without the production of the others, shall be deemed to be an original.

Date \_\_\_\_\_, SS# \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

Address \_\_\_\_\_

First Witness Signature

Second Witness Signature

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature should be witnessed by two persons, at least 18 years old, who are not named to receive any part of your benefits.

Please deliver this form to:

**Electrical Workers 292 Fringe Benefit Plans Office**  
**6900 Wedgwood Road N., Suite 425**  
**Maple Grove, MN 55311**  
**Phone: (763) 493-8830 or (800) 368-9045**

The above designation was received on \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_  
 Local 292 Fringe Benefit Plans

