

**Beneficiary Designation**  
**For**  
**Electrical Workers Local No. 292 Supplemental Unemployment Benefit Fund**

1. I \_\_\_\_\_ (Please Print or Type Name), hereby designate my death beneficiary or beneficiaries under the plan as follows:

**A. Primary beneficiary or Beneficiaries.** All of my death benefit shall be paid 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 of my death benefit shall be paid 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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**NOTE:** If a designated beneficiary fails to survive the participant, the remaining beneficiaries shall share the deceased beneficiary's interest according to their respective interests. (Example: If three beneficiaries are designated to receive 60%, 30% and 10% respectively, and the beneficiary entitled to 10% dies, the remaining beneficiaries will split that interest according to their designated interests {60/30 = 2/1})

**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. **Definitions:** Unless specifically defined otherwise, the terms listed below shall be defined as follows:

“**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;

“**Child**” means an issue of the first generation:

“**per stirpes**” means in equal shares among living children or the person whose issue are referred to and the issue (taken collectively) of each deceased child of such person, with such issue taking by right or representation of such deceased child; and

“**survive**” means living on the date that is ten (10) days after the date of my death.

3. Unless I have otherwise specified in this designation, if a beneficiary survives me but dies before 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.

4. If I designate a beneficiary by name and also indicate the beneficiary's relationship to me, the description of the relationship is for identification purposes only and the designation of beneficiary by name will be given effect without regard to whether the relationship exists either now or at my death. Any designation of a beneficiary only by statement of relationship to me shall be effective only to designate the person or persons having such relationship to me at my death.
5. Any previous beneficiary designation made by me is hereby revoked. I reserve the power to change this designation at any time by a form similar to this both signed by me and received by you prior to my death.
6. This beneficiary designation shall be effective only if it is both signed by me and received by you prior to my death.
7. If I am married at my death, that spouse will have the right to receive my entire death benefit unless, he or she, in a writing witnessed by a notary public, has consented to and acknowledged the effect of my designation of another beneficiary. (Complete consent agreement below).

Date \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Social Security Number

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### CONSENT AND ACKNOWLEDGMENT BY PARTICIPANT'S SPOUSE

I consent to this (and only this) beneficiary designation. My consent is not revocable. I cannot take it back. I know that this beneficiary designation controls payment of the entire death benefit. Because I have consented to this beneficiary designation, I may receive no death benefit at all from the Plan. I understand that the Participant is free to change this beneficiary designation without any further notice to or consent by me. If the Participant changes this beneficiary designation and dies while married to me, however, I will have the right to receive his or her entire death benefit unless I, in a writing witnessed by a notary public, have consented to and acknowledged the effect of the changed beneficiary designation.

Signed before me this \_\_\_\_\_ day of

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Please deliver this form to:  
**Electrical Workers 292 Fringe Benefit Plans Office**  
**5100 Gamble Drive, Ste. 430**  
**St. Louis Park, MN 55416**

The above designation was received on

\_\_\_\_\_, 20 \_\_\_\_\_

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