

ELECTRICAL WORKERS LOCAL UNION 159 RETIREMENT PLAN
2730 DAIRY DRIVE SUITE 101
MADISON WI 53718
(608) 276-9111 PHONE (608) 288-9103 FAX

Members Name: _____

Members Social Security Number: _____

As a participant in the above plan, you may designate a beneficiary to receive plan benefits in the event of your death. Please complete the Sections below and read the notice on the back of this form:

SECTION A:

Please indicate below your primary beneficiary and contingent beneficiary. A contingent beneficiary receives the death benefit if the primary beneficiary predeceases you. *Note that if you elect someone other than your spouse as primary beneficiary, your spouse must read and sign the consent in Section B below in the presence of either a plan representative or notary public.* If you are under age 35, your designation of a non-spouse beneficiary becomes invalid on the beginning of the plan year in which you turn age 35. At that time, you must complete a new Beneficiary Designation Form with proper spousal consent in order to continue to name a non-spouse beneficiary under the plan.

PRIMARY BENEFICIARY'S NAME: RELATIONSHIP TO PARTICIPANT: ADDRESS, DATE OF BIRTH & SOCIAL SECURITY NUMBER:

CONTINGENT BENEFICIARY NAME: RELATIONSHIP TO PARTICIPANT: ADDRESS, DATE OF BIRTH & SOCIAL SECURITY NUMBER:

I (please print your name) _____

Understand that to be effective, a beneficiary designation form must be signed by me. Any previous beneficiary designation made by me is hereby revoked.

Participant's Signature

Date

SECTION B:

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein; (2) that such beneficiary designation is not valid unless I consent to it; (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Signature

Date

Witness by plan representative or Notary Public

This beneficiary designation form was witnessed on _____

By: _____