

PARTICIPANT INFORMATION

Social Security # _____ Date of birth (mm/dd/yyyy) _____
Name _____
Address _____
City _____ State _____ Zip _____

BENEFICIARY INFORMATION

NOTE: Under the Plan, if you are married, your primary beneficiary is automatically your spouse unless your spouse executes the notarized consent below. Please refer to the Summary Plan Description for further details. More beneficiaries may be listed on the back.

I hereby represent and certify that I am not married.

**Primary Beneficiaries
(combined total must equal 100%)**

**Secondary Beneficiaries
(combined total must equal 100%)**

Individual (First, Middle Initial, Last) or Trust _____
Social Security # OR Tax Identification Number for a Trust _____
Birth/Trust Date _____ Percentage _____ % Relationship _____

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SPOUSAL CONSENT (if applicable)

I hereby consent to the designation by my spouse of the primary beneficiary(ies) set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I may not be entitled to any benefits from the Plan upon my spouse's death.

Social Security # _____ Date of birth (mm/dd/yyyy) _____
Name _____
Signature _____ Date _____
The foregoing "Spousal Consent" was acknowledged before me _____
Date _____
Notary Public _____

AUTHORIZATION

Let it be known that my signature on this I.B.E.W. & Electrical Industry Local 697 Money Purchase Plan and Trust death benefit form specifically negates and revokes any and all other I.B.E.W. & Electrical Industry Local 697 Money Purchase Plan and Trust death benefit forms signed heretofore and my intention regarding beneficiary or beneficiaries is as designated hereon.

Signature _____ Date _____
The foregoing "Authorization" was acknowledged before me _____
Date _____
Notary Public _____

Signature of Plan Administrator _____ Date _____

BENEFICIARY INFORMATION continued

**Primary Beneficiaries
(continued)**

**Secondary Beneficiaries
(continued)**

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