

IBEW LOCAL 1049 CRAFT ANNUITY FUND

745 Old Willets Path, Hauppauge, NY 11788-4100

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BENEFICIARY DESIGNATION FORM

(TO BE COMPLETED BY PARTICIPANT AND FILED WITH THE PLAN ADMINISTRATOR)

INSTRUCTIONS

For Single Participants: If you are single, complete Parts I and II only. If your status changes to married before you begin receiving benefits under the Plan, this beneficiary designation will automatically become **NULL AND VOID** and your spouse will be deemed to be your primary beneficiary unless you file a new Beneficiary Designation Form with the Plan Administrator.

For Married Participants: If you are married and desire to designate your spouse as the primary beneficiary, please complete Parts I and II only. If you under age 35 by the end of the Plan Year in which you receive this Form (June 1 to May 31), you must designate your spouse as primary beneficiary. Please complete Parts I and II only.

If you are going to reach age 35 by the end of the Plan Year, in which you receive this Form, and desire to *designate a person or entity other than your spouse* as your primary beneficiary, please *complete Parts I, II and III and have your spouse complete Part IV.*

Note: **This Beneficiary Designation revokes any and all prior designations made by the Participant.**

**PART I
PARTICIPANT INFORMATION**

(This section must be completed by all participants)

Male _____ Female _____ Single _____ Married _____

Your Name (Last, First, MI) Social Security No. Date of Birth

Your Occupation Date of Employment Employer

**PART II
BENEFICIARY DESIGNATION *(This section must be completed by all Participants)***

My death benefit under the above-captioned Plan shall be paid to the persons named below. I understand that if I designate more than one primary beneficiary, the persons I designate will share equally in any of the benefits payable as a result of my death. If I designate more than one contingent beneficiary, the persons I designate will share equally in any of the benefits payable as the result of my death, if (1) they are alive at the time of my death and if no primary beneficiary is alive at the time of my death, or (2) if there are any benefits still payable after the death of my primary beneficiary.

PRIMARY BENEFICIARY DATA

Primary Beneficiary No. 1 Relationship to you

Primary Beneficiary No. 2 Relationship to you

CONTINGENT BENEFICIARY DATA:

Contingent Beneficiary No. 1 Relationship to you

Contingent Beneficiary No. 2 Relationship to you

DATE

YOUR SIGNATURE

**PART III
ELECTION TO WAIVE SPOUSE'S ANNUITY**

(To be completed only if you are designating a beneficiary other than your spouse & you are over the age of 35)

As a Participant in the above-named Plan, I hereby acknowledge the following:

- (1) I have been informed by the Plan Administrator of the terms and conditions of the pre-retirement survivor annuity (the "Spouse's Annuity") payable to my surviving spouse in the event of my death prior to the commencement of the distribution of my pension benefit under the Plan, and of my right to make an election to waive the Spouse's Annuity.
- (2) I understand that if I elect to waive the Spouse's Annuity and die prior to retirement, my death benefit under the Plan will be paid to the beneficiary(ies) I have designated above pursuant to the terms of the Plan.
- (3) I have been informed by the Plan Administrator that my election to waive the Spouse's Annuity and to designate a non-spouse beneficiary(ies) will not be effective unless my spouse consents, in writing, to the election.
- (4) I have been informed by the Plan Administrator of my right to change any designated beneficiary(ies).
- (5) I have been informed by the Plan Administrator of my right to revoke my election to waive the Spouse's Annuity, with or without my spouse's consent and that if I should revoke such election my spouse's rights shall be fully restored, so that any later election to waive the Spouse's Annuity will again require my spouse's consent.

I hereby elect to waive the Spouse's Annuity under the Plan.

EXECUTED THIS _____ DAY OF _____, 20__.

WITNESS

PARTICIPANT'S SIGNATURE

**PART IV
SPOUSAL CONSENT TO PARTICIPANT'S WAIVER OF
THE SPOUSE'S ANNUITY AND TO
DESIGNATION OF NON-SPOUSE BENEFICIARY**

(To be completed only if you are designating a beneficiary other than your spouse & you are over the age of 35)

1. I, _____, being the spouse of the Participant named in Part I above, hereby consent to the preceding election made by my spouse to waive the pre-retirement survivor annuity (the "Spouse's Annuity") under the above-named Plan.
2. I hereby acknowledge and understand that I have the right to consent to any beneficiary(ies) designated by my spouse to receive any death benefits which may become payable under the Plan, including the right to consent to any subsequent changes by my spouse of such beneficiary(ies). I hereby waive such rights and expressly permit my spouse to designate any beneficiary(ies) hereunder or to change such beneficiary(ies) at any time without my further consent.
3. I understand the consequences of my consent, including the following:
 - (a) If not for my consent, the law would entitle me to receive a Spouse's Annuity under the Plan which could be of significant value to me.
 - (b) My consent will deprive me of the right to death benefits under the Plan.
4. My consent is purely voluntary.
5. My consent is irrevocable and I agree to be bound by such consent in the future unless my spouse revokes his/her waiver of the Spouse's Annuity.

EXECUTED THIS _____ DAY OF _____ 200__ Sworn before me this _____ day of _____ 200__

SPOUSE'S SIGNATURE

Notary Public