

## N.E.C.A. Local 313 TRUST FUNDS

### IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

The **Beneficiary Designation Form** allows you to designate one or more beneficiaries to receive applicable benefits in the event of your death. If we do not have a designated beneficiary on file in the Fund Office, or if you do not name a beneficiary, payment may not be made to the person(s) you intend to receive the benefit. For further information regarding payment of death benefits, please refer to your Summary Plan Description. **No change in beneficiary designation shall be effective or binding on the Plan or the Trustees unless it is received by the Fund Office prior to the time any payments are made to the beneficiary (ies) whose designation is on file.**

It is also important that you keep the Plan informed of your current address. Address changes must be submitted in writing to the Fund Office.

### DEFINITIONS

You may find the following definitions helpful in completing this form:

**Primary Beneficiary (ies)**- the person(s) or entity you designate as the first in line to receive your benefit. You may name more than one Primary Beneficiary. Payment will be made in equal shares unless otherwise specified. The percentages you list for all beneficiaries should total 100%. In the event that a designated primary beneficiary predeceases you, the benefit will be paid to remaining primary beneficiaries in equal share or all to the sole remaining primary beneficiary.

**Contingent Beneficiary (ies)**- the person(s) or entity you designate to receive your benefit in the event your primary beneficiary predeceases you. You may name more than one Contingent Beneficiary. Payment will be made in equal shares unless otherwise specified. The percentages you list for all beneficiaries should total 100%. In the event that a designated contingent beneficiary predeceases you, the benefit will be paid to remaining contingent beneficiaries in equal share or all to the sole remaining contingent beneficiary.

**Health/Welfare**- a package of hospitalization, medical, and other benefits.

**Pension**- a multiemployer defined benefit pension fund. The Pension Plan provides several kinds of pension benefits with varying eligibility requirements and benefit amounts. Please refer to your most current annual statement or contact the Fund office for a summary of your hours.

**Annuity**- a defined contribution profit-sharing plan. For annuity balances, please refer to your most current annual statement. Balances will not be disclosed over the phone.

### INSTRUCTIONS

- Complete this form to designate one or more beneficiaries to receive applicable benefits in the event of your death for **EACH** Fund indicated.
- For **Pension and Annuity** benefits, a married participant must obtain his/her spouse's consent to the designation of someone other than the spouse as a primary beneficiary. You may fill this form out again in the future if you desire to change your beneficiary designation, but for **Pension or Annuity** benefits, your spouse must consent to any such change.
- **Please note that in cases of divorce, a former spouse will no longer be considered an approved beneficiary unless he/she has been added after the divorce.** In such instances a new beneficiary form must be completed, signed and dated after the divorce has been filed.
- If you need additional space, please attach a separate sheet of paper.
- The Participant must read, sign and date the authorization.
- Submit the completed form to the Fund office at Zenith American Solutions, 2 Gateway Center, 603 Stanwix Street, Suite 1500, Pittsburgh, PA 15222 and keep a copy for your records.

## BENEFICIARY DESIGNATION FORM

### N.E.C.A. LOCAL 313 I.B.E.W. BENEFIT TRUST FUNDS

Participant's Name		Last 4 of Social Security Number	
Telephone Number	Birth Date (MM/DD/YYYY) / /	Home Local	
Address		City	State Zip Code
Cell Phone Number		Email Address	
<b>MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced (Provide copy of divorce decree(s).) <input type="checkbox"/> Single <input type="checkbox"/> Widowed (Provide copy of death certificate.) <input type="checkbox"/> Separated			

### N.E.C.A. LOCAL 313 I.B.E.W. HEALTH FUND

**Primary Beneficiaries:**

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %

**Contingent Beneficiaries:**

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %

### N.E.C.A. LOCAL 313 I.B.E.W. PENSION PLAN

**Primary Beneficiaries:**

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %

**Contingent Beneficiaries:**

(1) Name		Social Security Number	
Address			
Street	City	State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY) / /	Beneficiary %

(over)

