



**JOINT PENSION FUND LOCAL UNION NO. 164, I.B.E.W.  
DESIGNATION OF BENEFICIARY FORM**

NAME				LOCAL UNION NO.	CARD NO.
ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NO.	

I, the undersigned, being a participant of the Joint Pension Fund of Local Union #164, I.B.E.W., designate the following as beneficiary or beneficiaries to receive lump sum death benefits, if any are payable at my death, under the rules and regulations of the Pension Plan:

**DESIGNATION OF BENEFICIARY - DEATH BENEFIT**

PRIMARY BENEFICIARY (IES)		PRIMARY BENEFICIARY (IES)	
NAME		NAME	
ADDRESS		ADDRESS	
CITY & STATE	RELATIONSHIP	CITY & STATE	RELATIONSHIP
NAME		NAME	
ADDRESS		ADDRESS	
CITY & STATE	RELATIONSHIP	CITY & STATE	RELATIONSHIP

**DESIGNATION OF BENEFICIARY - SURVIVOR BENEFIT**

PRIMARY BENEFICIARY (IES)		PRIMARY BENEFICIARY (IES)	
NAME		NAME	
ADDRESS		ADDRESS	
CITY & STATE	RELATIONSHIP	CITY & STATE	RELATIONSHIP
NAME		NAME	
ADDRESS		ADDRESS	
CITY & STATE	RELATIONSHIP	CITY & STATE	RELATIONSHIP

A Primary Beneficiary shall be entitled to receive payment only if he or she is living when such payment is due. A Secondary Beneficiary shall be entitled to receive payment only if he or she is living when payment is due and then only if there is no Primary Beneficiary then living. If at any time there is more than one Beneficiary so entitled, payment shall be made in equal shares to such Beneficiaries. If at any time there is no Beneficiary so entitled the proceeds shall be payable to the Estate of the insured.

RECEIVED IN FUND OFFICE FOR FILING	
_____	_____
DATE	INITIALS

\_\_\_\_\_

DATE

\_\_\_\_\_

PARTICIPANT'S SIGNATURE

**JOINT BOARDS OF LOCAL UNION No. 164**  
*International Brotherhood of Electrical Workers*

65 WEST CENTURY ROAD  
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PARAMUS, NJ 07652  
FAX: (201) 225-0628