

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

1. PARTICIPANT INFORMATION (Please print clearly)

_____/_____/_____
SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

M.I.

2. STATEMENT OF SPOUSE'S RIGHTS

I understand that if I am married and have not designated my spouse as the primary beneficiary of the amounts due under the Plan upon my death, this form will not be valid unless my spouse has consented by signing Section 6 (the 'Spousal Consent to Alternate Beneficiary(ies)') and by having his or her signature witnessed by a notary public. I also understand that if I am not married at this time, but I later marry before receiving the full amount of my benefits, my spouse will automatically become the primary beneficiary of the amounts due upon my death unless he or she consents to the designation of an alternate beneficiary in accordance with the procedures described in this paragraph.

3. DESIGNATION OF BENEFICIARY(IES)

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 survivor benefits, if any are payable at my death, under the rules and regulations of the Pension Plan:

PRIMARY BENEFICIARY(IES)				
Name	Soc. Sec. Nbr	Relationship	Address	Date of Birth

SECONDARY BENEFICIARY(IES)				
Name	Soc. Sec. Nbr	Relationship	Address	Date of Birth

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.

4. UNMARRIED PARTICIPANT'S CERTIFICATION

[] I have checked here if I am not married and I so certify to the Plan Administrator. I hereby agree to notify the Plan Administrator immediately, should I become married. I understand that upon my marriage before benefits begin, if I fail to complete a new Beneficiary Designation form my spouse will automatically become the primary beneficiary.

5. PARTICIPANT SIGNATURE: I make the designation of beneficiary specified above and revoke any previous designations made under the Plan. I understand that the beneficiaries' names may be revoked at any time by filing a new designation in writing with the Fund Office.

X _____ Date: _____

6. SPOUSAL CONSENT TO ALTERNATE BENEFICIARY(IES)

- I certify that I am the spouse of the member who has made the designations shown on this form. I have voluntarily consented to permit my spouse to name a beneficiary other than myself to receive the survivor benefits due under the Plan.
- I acknowledge that I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) my spouse's designation of an alternate beneficiary is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes this designation or unless provided otherwise under a Qualified Domestic Relations Order.

Signature of Spouse

Date:

Witnessed by: Notary Public

Date:

Subscribed and sworn to before me on: _____
Date

My Commission Expires: _____
Date

Please return completed form to: Fabian & Byrn, LLC, 425 Eagle Rock Ave., Ste. 105, Roseland NJ 07068