

**IBEW LOCAL 480 PENSION PLAN  
BENEFICIARY DESIGNATION FORM**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

**PART I CERTIFICATION OF SPOUSAL STATUS** (to be completed by Participant)

**PLEASE NOTE BEFORE COMPLETING THIS FORM:** The term "**Spouse**" as used in this form, means your actual spouse or your former spouse to the extent that a qualified domestic relations order (a court order, such as certain divorce decrees) requires that he or she be treated as your Spouse under the plan. If you have a Spouse and you name someone other than your Spouse under the Primary Beneficiary Section below, the Spousal Waiver Section of this form **must be completed**.

I  do  do not have a Spouse (as defined above).

**PART II DESIGNATION OF BENEFICIARY** (to be completed by Participant)

I hereby remove all prior beneficiary designations and direct that, in the event of my death, my death benefits be paid as follows:

**(a) Primary Beneficiary**

Beneficiary's Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship (print): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address (print): \_\_\_\_\_

**(b) Secondary Beneficiary or Alternate Instructions** (optional)

If the primary beneficiary designated above dies before I die, then in the event of my death I hereby designate the following beneficiary to receive the benefits payable under the Plan by reason of my death:

Secondary Beneficiary's Name (print): \_\_\_\_\_

Relationship (print): \_\_\_\_\_

Address (print): \_\_\_\_\_

or

Alternate Instructions

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART III SPOUSAL WAIVER SECTION** (to be completed by Spouse of Participant)

I, (please print) \_\_\_\_\_, being aware that I am irrevocably waiving my rights to any death benefit payable under the Plan as a result of the Participant's death, do hereby consent to the designation by the Participant of the beneficiary or beneficiaries named above and to any alternate instructions listed above. I realize that I do not have to waive my rights, that under the law no one can make me waive my rights if I do not wish to do so, and that I cannot later revoke this waiver.

\_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature

The Spouse's signature must be either notarized (that is, witnessed by a Notary Public) or witnessed by an authorized plan representative.

NOTARIZED	OR	WITNESSED BY PLAN REPRESENTATIVE
County of: _____	*	
	*	
State of: _____	*	Signature: _____
	*	
SWORN TO AND SUBSCRIBED before me on this	*	Name (print): _____
	*	
the _____ day of _____, 20 __.	*	Date: _____
	*	
_____	*	
NOTARY PUBLIC	*	
	*	
My commission expires: _____	*	

**PART IV BENEFICIARY PROVISIONS**

1. See the definition of the term "Spouse" at the top of this form.
2. If you do not have a Spouse, you can name anyone you choose as your beneficiary. If you have never completed a beneficiary designation form, or if you would like to change your beneficiary, you should sign a new form.
3. If you have a Spouse, then any old beneficiary designations are null and void and your Spouse is automatically your beneficiary (unless your Spouse signed the Spousal Waiver Section on the old form).
4. In either case, you may complete a new beneficiary designation form at any time. If you have a Spouse, then you can name a different beneficiary only if your Spouse signs the Spousal Waiver Section of this form. Your Spouse's signature must be witnessed by a notary public or by an authorized plan representative.
5. If your marital status changes (that is, if you get married, or a court order gives part of your benefit to a former spouse) then any prior beneficiary designation naming anyone other than your Spouse is null and void. If this occurs, and you want to name someone other than your Spouse as beneficiary, you must complete a new form. Your Spouse's signature must be witnessed by a notary public or by an authorized plan representative.

Send Completed Form to:

**Plan Administrator**  
**NECA – IBEW Local 480 Pension Plan**  
**P. O. Box 721119**  
**Byram, MS 39272-1119**