MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN

BENEFICIARY DESIGNATION AND DATA FORM

(DO NOT FILL OUT IF YOU ARE A BENEFICIARY ALREADY RECEIVING BENEFITS)

Participant Name (Please Print): _____

Address: _____

_____

Identification Number: _____Date of Birth:_____

Phone Number:_____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

In compliance with federal law, your beneficiary under the Money Purchase Plan in the event of your death before retirement is automatically your spouse, if you have been legally married for one year or more at that time. If you wish to name anyone else as your beneficiary, your spouse must consent in writing using a form available at the Fund Office or Local Union Office.

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS OR PARTICIPANTS WHO HAVE BEEN MARRIED LESS THAN ONE YEAR

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.

I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Money Purchase Plan in the event of my death, the following person(s):

Primary Beneficiary's Name (Please Print):

Address:

Date of Birth: Relationship:

Contingent Beneficiary's Name (Please Print):

Address:

Date of Birth: Relationship:

_____ _____

Date Participant's Signature

PLEASE RETURN THIS FORM TO: MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN
6525 Centurion Drive
Lansing, MI 48917

If you have any questions, please contact the Fund Office toll free at: 877- 244-9473 between 7:30 A.M. – 5:30 P.M.

April 2013