

# MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND

## BENEFICIARY DESIGNATION AND DATA FORM

Participant Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

**In compliance with federal law, your beneficiary under the Pension Fund in the event of your death before retirement is automatically your spouse. 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.**

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 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 Pension Fund 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: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO**  
MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND  
6525 Centurion Drive • Lansing, MI 48917  
877- 244-9473