

MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND

BENEFICIARY DESIGNATION CARD

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

In compliance with federal law, your beneficiary under the Pension 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 FOR 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 Pension Fund in the event of my death the following person(s):

1. Primary Beneficiary's Name (Please Print):

Address: _____

Social Security Number: _____ Date of Birth: _____
Relationship: _____

2. Contingent Beneficiary's Name (Please Print):

Address: _____

Social Security Number: _____ Date of Birth: _____
Relationship: _____

Date

Participant's Signature

**PLEASE RETURN THIS FORM TO:
MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275**