



# Carolinas Electrical Workers RETIREMENT FUND

## **BENEFICIARY DESIGNATION FORM**

Complete this Form to designate your Beneficiary of choice for the Plan's Pre-Retirement Death Benefits. If you are married and wish to designate someone other than your spouse, your spouse must consent by signing below before a Notary Public. However, note that if you are vested and have been married for at least 1 year, your spouse is the automatic beneficiary under the Plan's Qualified Spouse Pre-Retirement Survivor Annuity. **PLEASE PRINT LEGIBLY AND PROVIDE ALL REQUESTED INFORMATION. INCOMPLETE FORMS WILL BE RETURNED.**

### **Participant Information:**

Full Name			Social Security Number		
Street Address					
City		State		Zip Code	
Date of Birth		Local Union No.		Marital Status	
Email Address			Phone Number		

### **Spousal Consent to Name a Non-Spouse Beneficiary** *(Not Applicable if you are not married)*

The undersigned spouse hereby consents to the designation of Beneficiary as stated below and hereby waives any claim to said benefit, if the same becomes payable.

Printed Name of Spouse

Signature of Spouse

State \_\_\_\_\_ )

ss.

County \_\_\_\_\_ )

On \_\_\_\_\_, before me, the undersigned, a Notary Public for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, and on the

basis of satisfactory evidence, proved to me to be such person and acknowledged that she/he executed the foregoing consent and waiver

\_\_\_\_\_  
Notary Public Signature

**See reverse side for Beneficiary Designation**

**ADMINISTRATIVE MANAGER:**

National Employee Benefits Administrators, Inc.

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I hereby designate the following Beneficiary / Beneficiaries to receive the Pre-Retirement Death Benefit, if any, payable at my death under the Rules and Regulations of the Retirement Fund. I understand that my contingent beneficiary will receive payments only if my primary beneficiary predeceases me or, if applicable, dies before any guaranteed payments have been completed. Please provide all requested information on your named Beneficiary / Beneficiaries. If you wish to name more than one primary or contingent beneficiary, please list the percentage of your benefit you wish to be allocated to each beneficiary. Please submit additional pages if you need more space for primary or contingent beneficiaries.

**Primary Beneficiary / Beneficiaries:**

If you only wish to name one beneficiary, list their percentage of benefit as 100%. The total for all primary beneficiaries listed must equal 100%.

Full Name			Social Security Number	
Street Address				
Relationship to Participant		Date of Birth		Percentage of Benefit
Full Name			Social Security Number	
Street Address				
Relationship to Participant		Date of Birth		Percentage of Benefit
Full Name			Social Security Number	
Street Address				
Relationship to Participant		Date of Birth		Percentage of Benefit

**Contingent Beneficiary:**

In the case that my primary beneficiary/beneficiaries pre-decease me, I name the following Contingent Beneficiary/Beneficiaries. If you wish to name more than one contingent beneficiary, please list the percentage of your benefit you wish to be allocated to each beneficiary. The total for all contingent beneficiaries must equal 100%.

Full Name			Social Security Number	
Street Address				
Relationship to Participant		Date of Birth		Percentage of Benefit
Full Name			Social Security Number	
Street Address				
Relationship to Participant		Date of Birth		Percentage of Benefit

*Participant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_ *SSN:* \_\_\_\_\_