

**IBEW LOCAL UNION 124 FRINGE BENEFIT FUNDS
BENEFICIARY DESIGNATION FORM**

PART A: PARTICIPANT INFORMATION

First Name:	Middle Name:	Last Name:
Social Security Number:	Date of Birth:	Telephone Number:
Street Address:	City, State, ZIP:	
Marital Status: <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced and Remarried		
Current Spouse's Name, If Applicable:	Current Spouse's Social Security Number, If Applicable:	

PART B: FUND SELECTION

Check the box next to the Fund or Funds to which this beneficiary designation applies. If you want to designate different beneficiaries for different Funds, you must complete a separate Beneficiary Designation Form.

Health & Welfare Pension Annuity 401(k) Vacation

NOTE: IF YOU ARE MARRIED AND WISH TO DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE WITH RESPECT TO THE PENSION, ANNUITY, AND/OR 401(k) FUNDS, YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOU SUBMIT A COMPLETED SPOUSAL CONSENT FORM. CONTACT THE FUND OFFICE FOR MORE INFORMATION.

PART C: BENEFICIARY DESIGNATIONS

The Beneficiaries listed below shall receive benefits that may be payable upon your death. Such benefits shall be paid first to any surviving PRIMARY beneficiary in accordance with the percentage share you designate. If no PRIMARY beneficiaries survive you, then benefits shall be paid to any surviving CONTINGENT beneficiary in accordance with the percentage share you designate. If no beneficiaries survive you, then benefits shall be distributed in accordance with the terms of each benefit fund's rules.

Name of PRIMARY Beneficiary:	Relationship to You:	Social Security Number:	Date of Birth:
Phone Number:	Street Address, City, State, ZIP:		Percentage:
Name of PRIMARY Beneficiary:	Relationship to You:	Social Security Number:	Date of Birth:
Phone Number:	Street Address, City, State, ZIP:		Percentage:
Name of CONTINGENT Beneficiary:	Relationship to You:	Social Security Number:	Date of Birth:
Phone Number:	Street Address, City, State, ZIP:		Percentage:
Name of CONTINGENT Beneficiary:	Relationship to You:	Social Security Number:	Date of Birth:
Phone Number:	Street Address, City, State, ZIP:		Percentage:

I designate the above person(s) to receive any benefits from the benefit funds identified in Part B that may be payable upon my death. I understand that filing this beneficiary designation form shall revoke any and all prior beneficiary designations made by me with respect to the benefit funds identified in Part B.

I understand that filing a subsequent beneficiary designation through Principal, including through the Principal website, will result in the revocation of this and any prior beneficiary designation with respect to the Annuity and/or 401(k) funds only.

I understand that if I am married, this beneficiary designation form will not be valid with respect to the Pension, Annuity, and 401(k) funds unless I also submit a completed spousal consent form.

I understand that if I designate a spouse, such designation shall be null and void upon divorce and a new beneficiary designation form will be necessary to designate my former spouse as my beneficiary.

Participant's Signature

Date

Return form to: IBEW Local 124 Benefit Center, 305 E. 103rd Terrace, Kansas City, Missouri 64114

