

I.B.E.W. Local 688 Pension Plan

33 FITCH BOULEVARD PHONE: 800-435-2388
AUSTINTOWN, OHIO 44515 FAX: 330-270-0912

Please complete this form and return it to our office as soon as possible. This form is very important to you. When completed and signed it will be your beneficiary designation for your benefit under this local union pension plan. You may change your beneficiary designation at any time. To do so you must file a new beneficiary form with the Fund Office.

PLEASE PRINT:

NAME _____ SOC. SEC.# _____

ADDRESS _____

ZIP CODE _____ HOME PHONE: (____) _____ BIRTH DATE _____

MALE ___ FEMALE ___ MARRIED ___ SINGLE ___

BENEFICIARY(IES) DESIGNATION:

If the Plan Participant is married and the primary beneficiary listed below is NOT the Plan Participant's spouse, the Plan Participant should contact the Fund Office at the phone number listed above to request the Election To Waive Pre-retirement Survivor Annuity Form. If you complete this Beneficiary Form and elect a Primary Beneficiary other than your spouse without obtaining these additional forms, once you return this beneficiary form to the Fund Office, these waiver forms and notices will automatically be sent.

I designate the individual(s) named below as my primary and contingent beneficiary(ies) of my benefit under the IBEW Local 688 Pension Plan upon my death. I revoke all prior beneficiary designations, if any, made by me.

PRIMARY BENEFICIARY: NAME _____

SOC. SEC.# _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE ____ / ____ / ____

CONTINGENT BENEFICIARY If at the time of your death, your primary beneficiary is also deceased, your named contingent beneficiary would become your beneficiary:

NAME _____ SSN# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

RELATIONSHIP _____ BIRTHDATE ____ / ____ / ____

(Additional Contingent Beneficiaries may be listed on the reverse side)

Signature of Member

Date