

NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST
720 Market Street, Suite 700, SAN FRANCISCO, CA 94102
(415) 263-3670

DESIGNATION OF BENEFICIARY FORM FOR THE DEFINED BENEFIT PLAN

Participant _____ Soc.Sec.# _____

Address _____

Date of Birth _____ Marital Status _____

Primary Beneficiary or Beneficiaries

Subject to Spousal Consent

(if more than two, include information on the back of this form)

All primary beneficiaries who survive you share equally unless you indicate otherwise.

Name 1 _____ Relationship to Participant _____

Address _____ Date of Birth _____
_____ Soc.Sec.# _____

Name 2 _____ Relationship to Participant _____

Address _____ Date of Birth _____
_____ Soc.Sec.# _____

Contingent Beneficiary or Beneficiaries

Contingent beneficiaries share only if you **and all primary beneficiaries** listed above die before payments are completed:

Name 1 _____ Relationship to Participant _____

Address _____ Date of Birth _____
_____ Soc.Sec.# _____

Name 2 _____ Relationship to Participant _____

Address _____ Date of Birth _____
_____ Soc.Sec.# _____

Note: I understand that no beneficiary may be designated to defeat the rights of a Spouse to Pre- or Post-Retirement Spouse coverage under the Joint Survivor Annuity provisions of the Plan unless such designation is accompanied by a spousal consent form available from the Plan Office. Any subsequent change in your beneficiary designation must be approved by your spouse.

Signed: x _____
Participant's Signature

Dated: _____