

NORTHERN CALIFORNIA ELECTRICAL WORKERS PENSION TRUST

720 Market Street, Suite 700, SAN FRANCISCO, CA 94102

(415) 263-3670

**DESIGNATION OF BENEFICIARY FORM FOR THE SAN FRANCISCO ELECTRICAL WORKERS
RETIREMENT SAVINGS PLAN**

Participant _____ Soc.Sec.# _____

Address _____

Date of Birth _____ Marital Status _____

Primary Beneficiary or Beneficiaries

Subject to Spousal Consent

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: _____
Participant's Signature

Dated: _____