

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 117
SUPPLEMENTAL PENSION FUND**

PENSION DATA FORM A – BENEFICIARY DESIGNATION FORM

(For Unmarried Participant or a Participant who has been Married less than one year)

Name: _____ Soc.Sec.No.: _____
(Last) (First) (Mid. I.)

Date of Birth: _____ Local No.: _____ Date of Union Membership: _____

I hereby state that I am unmarried or have been married for less than one year and I hereby designate:

who is my: _____ Soc.Sec.No.: _____
(Relationship)

and who lives at: _____, as my beneficiary to receive any benefits which may be payable under the Pension Plan in the event of my death. I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be canceled at any time I have been legally married for one year and my spouse will automatically become my beneficiary. Any change in beneficiary thereafter will require the consent, in writing of my spouse.

Date: _____ **Your Signature:** _____

Except for your signature, please print or type all other information.