IBEW LOCAL NO. 117 FRINGE BENEFIT FUNDS

IBEW Local No. 117 Pension Fund	Managed for the Trustees by:
IBEW Local No. 117 Vacation Fund	TIC INTERNATIONAL CORPORATION
Designation of Beneficiary, other th	nan Spouse, for Benefits Payable
In Event of Death Prior to Retire Who Has Been Married More T	
Participant's Name:	
Address:	
Social Security Number:	
TO BE COMPLETED BY PARTICIPANT	
I designate the following person, who is <u>not</u> my spouse, as ben retirement	eficiary for pension plan benefits in the event of my death prior to
Name:	
Address:	
Relationship:S	oc.Sec.No. or ID#:

Signed:

(Participant)

CONSENT TO BE COMPLETED BY PARTICIPANT'S SPOUSE

IBEW Local No. 117 Health & Welfare Fund

I consent to the designation made above by the participant, my spouse, to have plan benefits payable in the event of his/her death prior to retirement paid to the beneficiary described above. I understand that, by consenting, I agree to my removal as beneficiary and the forfeiture of benefits to which I would otherwise be entitled, that the effect of such designation is to cause such benefits to be paid to the beneficiary named above and that I may not withdraw my consent to the above designation without the agreement in writing of the participant.

Date:

Signed:		Date:
	(Participant's Spouse)	
Witnessed by:		
	(Plan Representative)	
	or	
	Notary Public*	
*NOTICE TO NOTARIES	Commission Exp. Date:	

If you are serving as witness to the signature of the Spouse identified above, you should realize that Federal Law (i.e. the Retirement Equity Act of 1984) requires that, unless the above "Consent" is executed in the presence of an authorized Plan Representative, it must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signature of the Spouse identified above but also examine her or his credentials to satisfy yourself that she or he is, in fact, the same person as the one identified.