St. Paul Electrical Construction Plans Beneficiary Designation

PARTICIPANT	

Print Name _____ Social Security # _____

Phone number

Any beneficiary designations filed prior to June 30, 2024, and not on this form, are considered null and void. To designate a beneficiary for your benefits under the St. Paul Electrical Construction Plans, you must complete this new beneficiary form. Per the Plan Provisions, the default order of payment is as follows:

In the event of your death, your benefits will be paid in the following order:

- 1. To your spouse or if none;
- 2. To your children in equal shares (or their children, by representation) or if none;
- *3. To your parents in equal shares or if none;*
- 4. To your brothers and sisters (or their children, by representation) or if none;
- 5. To your personal representative (executor) or if none;
- 6. To the personal representative of the last to die of the beneficiaries

If this order of payment sequence is acceptable to you, check the "All Plans" and "Default Order of Payment" boxes below, sign this form and return it to the Fund Benefit office. If you wish to specifically name your beneficiary(ies), please check the appropriate boxes below, complete this form (including the back page), sign and date in the presence of a Notary and return to the Fund Benefit office. If you name your spouse as a beneficiary and your marriage ends due to a divorce, your beneficiary designation will become null and void and you must make a new election. Please consult the Plan Documents for additional information about your benefits and beneficiaries.

This designation applies to the	following Plans:	My beneficiary designation is as follows:
□ All Plans		 Default Order of Payment (shown above)
□ Health		Beneficiary(ies) Listed on Back Page
Pension		
Supplemental		
□ 401(k)		
Participant's Signature		Date
<u>(Notary to complete below – not required</u>	if your spouse is your primary b	eneficiary or you have elected the default order of payment)
State of	_ Signed or attested befor	re me on
County of	by	
Signature of Notarial Officer		
		Notary Seal
SPOUSAL CONSENT:		
	me someone other than w	our spouse as primary beneficiary, you must obtain your spouse's
		e, your spouse does not need to sign below.
I hereby consent to the election abo	ove and the beneficiary(ies)	listed on the back page.
Print Spouse's Name		
Spouse's Signature		Date
(Notary to complete below)		
State of	Signed or atte	sted before me on
County of	by	
Signature of Notarial Officer		
		Notary Seal
(PLEASE TUR	N OVER TO COMPLE	TE BENEFICIARY INFORMATION)

BENEFICIARY INFORMATION:

You may name an individual(s) or an organization to receive your benefits. You may change your beneficiary at any time by filling out a new Beneficiary Designation form. If you name more than one beneficiary, the benefit will be divided equally among them unless otherwise indicated below.

Please make payment to my beneficiaries as follows:

PRIMARY

Name	Birth Date
Social Security #	Relationship
Address	
% (percent)	
/o (percent)	
Name	Birth Date
· ·	Birth Date Relationship

SECONDARY - If Primary beneficiary(ies) is deceased, please make payment to my beneficiary(ies) as follows:

Name	Birth Date	
Social Security #	Relationship	
Address		
% (percent)		
Name	Birth Date	
Social Security #	Relationship	
Address		
% (percent)		
Name	Birth Date	
Social Security #	Relationship	
Address		
% (percent)		
Name	Birth Date	
	Relationship	
Address		

PLEASE NOTE: IF YOU NAME YOUR SPOUSE AS A BENEFICIARY AND THAT MARRIAGE ENDS DUE TO DIVORCE, YOUR BENEFICIARY DESIGNATION WILL BECOME NULL AND VOID AND YOU MUST MAKE A NEW BENEFICIARY DESIGNATION, OR THE DEFAULT DISBURSEMENT SCHEDULE WILL APPLY.