St. Paul Electrical Construction Plans Beneficiary Designation

PARTICIPANT		
Print Name		Social Security #
Phone number		
	ıl Electrical Construction	on this form, are considered null and void. To designate a Plans, you must complete this new beneficiary form. Per the
In the event of your death, your bene	efits will be paid in the fo	ollowing order:
1. To your spouse or if none;	_	
2. To your children in equal shares3. To your parents in equal shares		epresentation) or if none;
4. To your brothers and sisters (or		sentation) or if none;
5. To your personal representative	(executor) or if none;	
6. To the personal representative of	of the last to die of the be	meficiaries
sign this form and return it to the Fund B appropriate boxes below, complete this f to the Fund Benefit office. If you nam	enefit office. If you wish form (including the back ne your spouse as a benull and you and you	e "All Plans" and "Default Order of Payment" boxes below, a to specifically name your beneficiary(ies), please check the page), sign and date in the presence of a Notary and return neficiary and your marriage ends due to a divorce, your a must make a new election. Please consult the Plan d 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
(Notary to complete below – not required if your	· spouse is your primary bend	eficiary or you have elected the default order of payment)
State of Si	igned or attested before r	ne on
County ofby	ý	
Signature of Notarial Officer		
Signature of Notarial Officer		Notary Seal
		,
SPOUSAL CONSENT: By law, if you are married and you name so notarized consent. If you elect the Default Or		spouse as primary beneficiary, you must obtain your spouse's
·		
I hereby consent to the election above and	d the beneficiary(ies) list	ted on the back page.
Print Spouse's Name		
Spouse's Signature		Date
(Notary to complete below)		
State of	Signed or atteste	d before me on
County of	by	
Signature of Notarial Officer		

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:

4RY	
% (percent)	
Name	Birth Date
Social Security #	Relationship
Address	
% (percent)	
Name	Birth Date
Social Security #	Relationship
Address	
Social Security #	Relationship
_% (percent) Name	Birth Date
Address	
% (percent)	
Name	Birth Date
Social Security #	Relationship
Address	
% (percent)	
Name	Birth Date
Social Security #	Relationship
Address	
% (percent)	
Name	Birth Date
Social Security #	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.