



Beneficiary Form

Local No. 8 IBEW Retirement Plan & Trust
1-419-666-4450 62327-1-1

1. Enter your personal information (Please print clearly)

_____ - _____ - _____ SOCIAL SECURITY NUMBER		<u>Marital Status</u> <input type="checkbox"/> Married <input type="checkbox"/> Not Married		_____/_____/_____ BIRTH DATE	
_____ LAST NAME		_____ FIRST NAME		_____ MIDDLE INITIAL	
_____ STREET ADDRESS		_____ CITY		_____ STATE	
_____ DAYTIME TELEPHONE NUMBER		_____ EVENING TELEPHONE NUMBER		_____ ZIP CODE	
_____ E-MAIL ADDRESS					

2. Designate Beneficiary(ies) (check one box only)

Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. **If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.**

_____ Spouse's Name	_____ Spouse's Social Security Number (SSN)	_____ Spouse's Date of Birth: mm – dd – yyyy
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Non-Spouse Primary Beneficiaries: I would like the following person(s) to receive my entire account balance upon my death

_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %

3. Secondary/Contingent Beneficiary(ies) (continued)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.) NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on the participant website. Plan Administrator: Please retain a copy of this form in your files.

_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %
_____ Beneficiary Name	_____ Social Security Number (SSN)	_____ Relationship	_____ Percentage %

4. Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.)

I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

Spouse's Signature

Date

Notary Public's Signature

Date

Date Commission Expires

5. Sign, date and return your forms



Participant's Signature

Date

6. Plan Administrator Signature



Plan Administrator Signature

Date