

NECA LOCAL 313 BENEFIT FUNDS

Fund Office: **GEM**Group, Administrator, 650 Naaman's Rd, Suite 303, Claymont, DE 19703
Phone: (302) 798-6801 / 1-800-223-2405 / Fax: (302) 798-4571

BENEFICIARY DESIGNATION FORM

Instructions: Complete this form to designate one or more beneficiaries to received applicable benefits in the event of your death for **EACH** Fund indicated. For **Pension or Annuity** benefits, you must obtain your spouse's consent to the designation of someone other than your spouse as a primary beneficiary. You may fill this form out again in the future if you desire to change your beneficiary designation, but for **Pension or Annuity** benefits, your spouse must consent to any such change. **No change in beneficiary designation shall be effective or binding on the Trustees unless it is received by the Fund Office prior to the time any payments are made to the beneficiary whose designation is on file.**

Participant's Name:		Social Security No.:	
Home Phone No.:	Birth Date:	Home Local:	
Address:	City:	State:	Zip:
<u>MARITAL STATUS:</u>	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced (Provide copy of divorce decree)	
	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed (Provide copy of death certificate)	
	<input type="checkbox"/> Separated		
WELFARE			
<u>Primary Beneficiary:</u>			
Name: _____			
Birth Date: _____	Relationship _____	Social Security No. _____	
Address, if different: _____			
Home Phone, if different: _____			
<u>Contingent Beneficiary:</u>			
Name: _____			
Birth Date: _____	Relationship _____	Social Security No. _____	
Address, if different: _____			
Home Phone, if different: _____			
PENSION			
<u>Primary Beneficiary:</u>			
Name: _____			
Birth Date: _____	Relationship _____	Social Security No. _____	
Address, if different: _____			
Home Phone, if different: _____			
<u>Contingent Beneficiary:</u>			
Name: _____			
Birth Date: _____	Relationship _____	Social Security No. _____	
Address, if different: _____			
Home Phone, if different: _____			

DEFERRED INCOME

Primary Beneficiary:

Name: _____
Birth Date: _____ Relationship _____ Social Security No. _____
Address, if different: _____
Home Phone, if different: _____

Contingent Beneficiary:

Name: _____
Birth Date: _____ Relationship _____ Social Security No. _____
Address, if different: _____
Home Phone, if different: _____

SPOUSAL CONSENT: If you are married and have named someone other than your spouse to receive some or all of the survivor benefits as a primary beneficiary, such a designation will only be valid as the **pension and or annuity** benefits if you obtain your spouse's consent as evidenced by his or her signature below, which must be acknowledged by a Notary Public.

I, _____, swear that I am the legal spouse of the Participant named above. I understand that the Plan is obligated to pay pension and or annuity benefits to me as sole primary beneficiary in the event of my spouse's death, unless I consent to the designation of some other individual as indicated below.

I have reviewed this entire form and consent to the designation of _____

As primary beneficiary(ies). Such designation may not be changed or revoked without my consent.

Signature of Spouse _____ Date _____

The Signature of Spouse was acknowledged before me on _____, 20_____.

Notary Public _____ State of _____

My Commission Expires: _____

PARTICIPANT SIGNATURE: I certify that all information furnished in this form is true to be best of my knowledge. I understand and agree that any misrepresentation by me will constitute grounds for the denial of benefits to me or on my behalf or for the cancellation or recovery of benefit payments made in reliance thereon.

Signature of Participant

Date