

**Trust to the Utility Workers' Union of America Deferred Compensation Fund**

**BENEFICIARY DESIGNATION FORM**

*This beneficiary designation applies solely to the Trust to the Utility Workers' Union of America Deferred Compensation Fund*

**Section 1: Participant Information**

NAME - Last, First, MI	SOCIAL SECURITY NUMBER	GENDER - M/F
ADDRESS	APT	BIRTH DATE
City, State, Zip	PHONE NUMBER	MARITAL STATUS - M/S

**Section 2: Designation of Primary Beneficiary(ies)**

If you are married and do not designate your spouse as your **sole, primary** beneficiary, your spouse must sign Section 4. If you are not married on the date that you sign this form, but subsequently become married, this designation of beneficiary shall cease to be effective upon the one-year anniversary of your marriage. To name more than two primary or four secondary beneficiaries, submit an additional form and check this box on both forms:  (Your spouse must sign both forms, when necessary.)

I hereby designate the person(s) or trust(s) listed below as my primary beneficiary(ies) under the Plan. If more than one person listed below survives me, my benefits shall be divided according to the percentages indicated (the percentages must add up to 100%). If a beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages.

PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY STATE ZIP
PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY STATE ZIP

I am naming more than two primary beneficiaries. I understand that I must submit an additional form and check this box on both forms. In addition, I understand that if I am married, my spouse must sign Section 4 of both forms.

**Section 3: Designation of Contingent Beneficiary(ies)**

If no primary beneficiary (listed in Section 2) survives me, I hereby designate as my beneficiary the person(s) listed below who survive me as my contingent Plan beneficiary(ies). If more than one is designated below, the percentages must add up to 100%.

PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS
PERCENT	NAME	RELATIONSHIP	ADDRESS

I am naming more than four contingent beneficiaries. I understand I must submit an additional form and check this box on both forms.

**Section 4: Spousal Consent (This consent is only required if you designate someone other than your spouse as a primary beneficiary):**

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above on this form(s) and am signing this consent voluntarily. I further understand that if I wish to receive the Plan death benefits, I should not sign below. Further, I understand that my spouse cannot change any primary beneficiary(ies) in the future without my written consent.

Spouse's Signature	Date
--------------------	------

Witnessed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above identified came before me, acknowledged the foregoing statement, and duly acknowledged to me that he/she executed this voluntarily. Afix Notary Seal on this form.

Notary Public's Signature	Commission Expiration Date
---------------------------	----------------------------

**Section 5: Participant Authorization**

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be in accordance with the terms of the Plan and this beneficiary designation supersedes any beneficiary designation currently or previously in effect.

Participant's Signature	Date
-------------------------	------

If you have any questions regarding this form, please contact the Fund Office toll-free at (877) 474-BENE (2363). Submit form to:

Trust to the Utility Workers' Union of America Deferred Compensation Fund 6525 W. Centurion Drive, Lansing, MI 48917-9275