

**IBEW LOCAL 683 PENSION FUND
PENSION PLAN**

PARTICIPANT BENEFICIARY FORM

(Please Print)

**CHANGE
ORIGINAL DESIGNATION**

Participant Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year. At that time, my spouse will automatically become my beneficiary. Finally, I understand that if I wish to name someone other than my spouse as my beneficiary, my spouse must consent in writing using a form available at the Fund Office or Local Union Office.

I hereby state that I am **NOT** married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death to the following individual(s):

PENSION FUND DEATH BENEFIT BENEFICIARY:

Beneficiary's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

Participant Signature

Date

PLEASE RETURN THIS FORM TO:

**6525 Centurion Drive • Lansing, MI 48917-9275
Phone (517) 321-7502 • Toll-Free (844) 683-0683 • Fax (517) 321-7508**