

DESIGNATION OF BENEFICIARY

To the Trustees of the IBEW Local #141 Profit-Sharing Fund ("Plan"):

RE: _____, Participant

SSN: _____

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death:

Primary Beneficiary (ies): (include address, relationship, and SSN)

Contingent Beneficiary (ies): (include address, relationship and SSN)

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HERBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustees will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustees will pay all amounts in accordance with the plan's death beneficiary provisions.

I hereby certify that my marital status is: (check one)

- Married
 Unmarried

I further certify that I will notify the Trustees immediately if my marital status, as indicated above, changes.

Date of Designation

Signature of Participant

Note: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

Note: If your spouse fails to consent to the beneficiary designation, and the consent relates to the waiver of the joint and survivor annuity, the plan must pay your entire benefit in the form of a joint and survivor annuity and your spouse will be the sole beneficiary under that annuity. If your spouse fails to consent to the beneficiary designation, and the consent relates to the waiver for the preretirement survivor annuity, the preretirement survivor annuity waiver becomes invalid but this beneficiary designation remains valid. In that case, the plan pays the preretirement survivor annuity to your surviving spouse and then pays your remaining account balance to your designated beneficiaries. If your spouse also is a designated beneficiary, the amount payable to your spouse under the preretirement survivor annuity reduces the amount your spouse would receive if this beneficiary designation applied to 100% of your account balance.

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read the Designation of Beneficiary and fully understand the property subject to the designation is my spouse's Account Balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation (choose (a) or (b)):

- (a) I understand I must file a similar consent to the new designation, or my consent is not longer effective.
- (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

This consent relates to my waiver of the:

- (c) Qualified Annuity Benefit
- (d) Preretirement Survivor Annuity

I have executed this consent this _____ day of _____, _____.

Signature of spouse of participant _____

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____

Who executed the above Consent of Spouse as a free and voluntary act. IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, _____.

(SEAL)

Notary Public
My commission expires: _____