

DESIGNATION OF BENEFICIARY

To the Trustees of the IBEW Local #141 Annual Vacation Plan

Re: _____, Participant

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 and relationship)

[Empty box for Primary Beneficiary information]

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

[Empty box for Contingent Beneficiary information]

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY 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.

Date of this Designation

Signature of Participant

Witness

Witness

Note: Witnesses may not be persons designated as Beneficiaries nor family members.