SACRAMENTO AREA ELECTRICAL WORKERS PENSION PLAN BENEFICIARY DESIGNATION FORM

Under the Plan, the surviving spouse of a participant who dies before full distribution of benefits is the only eligible beneficiary, if the marriage has taken place 12 or more months prior to the death. The spouse may, however, waive his or her legal right to be the exclusive beneficiary by signing the spouse's waiver, which is part of this form, and having his or her signature either notarized or witnessed in person by a Plan representative. This waiver, or any other designation of a beneficiary, is subject to alteration by an order from a State Domestic Relations Court as required by law.

Member's Last Name	First	Initial	Local Union No.
Social Security Number	Date of Birth		IBEW Card No.
Spouse's Last Name	First	Initial	.
Date of Marriage	County & State Marriage		

Below you may identify contingent beneficiaries who will get your benefits if your spouse does not survive you:

First	Middle	Last	Relationship
Address			Percentage
First	Middle	Last	Relationship
Address			Percentage

(Benefits will be divided equally among those named beneficiaries who survive you unless other percentages are stated.)

Member's Signature	Date	Spouse's Signature	Date

SPOUSE'S WAIVER:

I understand my right to be the sole beneficiary for all benefits which have not been distributed at the time of my husband/wife's death, and I choose to waive that right in favor of the beneficiary(ies) named above.

I understand that I can revoke this waiver in writing at any time before commencement of benefit payments to another beneficiary, and that any change to the beneficiaries named above requires my further consent as the spouse of the participant, either notarized or witnessed by the Plan Administrator.

Spouse's Signature	Date
Witnessed By	Date