

MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND
BENEFICIARY DESIGNATION FORM

{ } Check here if this is your INITIAL DESIGNATION. { } Check here to CHANGE Beneficiary.

Participant Name (Please Print): _____ Soc. Sec. # _____

Address: _____ Date of Birth: _____

Marital Status: ___ Married, no previous marriage
 ___ Single, never married
 ___ Single, previously married *
 ___ Married, with previous marriage(s) *

*If you have had previous marriages, please attach a page listing the names of your ex-spouse(s), the dates of marriage and divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death).

BENEFICIARY DESIGNATION FOR PARTICIPANTS MARRIED LESS THAN ONE YEAR
(TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS YOUR BENEFICIARY)

Please complete the following if you have been married for less than one year and wish to designate someone other than your spouse as your beneficiary.

Under federal law and the terms of the Pension Plan, if you have been married for less than one year, you may designate someone other than your spouse as your beneficiary, without your spouse's consent. **However, after you have been married for one year or more, your beneficiary will automatically be your spouse, unless your spouse consents to your designation of another beneficiary. Your spouse's consent must be in writing and on a form available at the Fund Office or a Local Union office.**

Beneficiary's Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

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 and my spouse will automatically become my beneficiary.**

Participant's Signature _____ Date _____

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

Please complete the following if you are single.

Beneficiary's Name (Please Print): _____ Soc. Sec. #: _____

Address: _____

Relationship: _____ Date of Birth: _____

I hereby state that I am not married. 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 and my spouse will automatically become my beneficiary.**

Participant's Signature _____ Date _____