

**MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND
 BENEFICIARY DESIGNATION
 FOR A PARTICIPANT MARRIED LONGER THAN ONE YEAR
 TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS YOUR BENEFICIARY**

{ } 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 pages 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).

ELECTION TO WAIVE SURVIVING SPOUSE BENEFIT

Please complete the following if you are **age 35 or over, have been married for longer than one (1) year and wish to designate someone other than your spouse as your beneficiary.**

I, _____, hereby acknowledge that I have been informed that if I have been married for one year or more, my beneficiary will automatically be my spouse, and no death benefits other than the surviving spouse benefit will be payable upon my death. I understand that once I have attained age 35, I have the right to waive the Surviving Spouse Benefit and designate a Beneficiary or Beneficiaries other than my spouse, provided that my spouse consents in writing to both the waiver and the designation. I understand that if I waive the Surviving Spouse Benefit and designate a Beneficiary or Beneficiaries other than my spouse, no death benefits will be payable from the Fund to my surviving spouse after my death.

[] I elect to waive the Surviving Spouse Benefit and designate a Beneficiary or Beneficiaries other than my spouse. I elect the following person(s), who is (are) not my spouse, as beneficiary(ies) of my pension benefits in the event of my death prior to retirement (If you name more than one Beneficiary, any benefit payable will be divided among them in equal shares unless otherwise specified):

| NAME & RELATIONSHIP | SSN | ADDRESS | YOUR SIGNATURE |
|---------------------|-------|---------|---------------------|
| 1. _____ _____ | _____ | _____ | _____ Date _____ |
| 2. _____ _____ | _____ | _____ | _____ Date _____ |

LIST ANY ADDITIONAL BENEFICIARIES ON THE BACK OF THIS FORM.

SPOUSAL CONSENT TO WAIVER OF THE SURVIVING SPOUSE BENEFIT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to reject the Surviving Spouse Benefit (the 50% Joint and Survivor benefit) and, instead, designate someone other than me as his beneficiary(ies) under the Plan of the Michigan Electrical Employees' Pension Fund. I hereby consent to the election of my spouse to waive the 50% Joint and Survivor form of benefit and designate someone other than me as his beneficiary(ies) under the Plan of the Michigan Electrical Employees' Pension Fund, and I acknowledge and understand that my spouse cannot waive my right to be protected under the 50% Joint and Survivor form of benefit unless I consent to my spouse's waiver by signing this form in the presence of either an authorized representative of the Fund or a Notary Public.

Your Spouse's Signature

Date

Witnessed by:

Authorized Plan Representative

or

Notary Public