

Michigan Electrical Employees' Pension Fund

2002 London Rd. Suite 300 • Duluth, MN 55812

(855) 633-4584 – FAX (952) 854-1632

BENEFICIARY DESIGNATION FORM

(To be completed by all Participants)

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Local No. _____
(Month) (Day) (Year)

BENEFICIARY DESIGNATION FOR UNMARRIED OR MARRIED FOR LESS THAN ONE YEAR PARTICIPANT

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.

I hereby state that I am **NOT** married or **MARRIED FOR LESS THAN ONE YEAR** and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):

Name	Address	Social Security No.	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

NOTE: If you name more than one person, any benefit payable will be paid in equal shares.

_____ **Date**

_____ **Your Signature**

Except for your signature, please print or type all other information