



IBEW LOCAL UNION 22/NECA  
Defined Benefit Pension Fund, Plan A  
www.ibew22benefits.com

Electrical Industry Center  
8960 L Street, Suite 101  
Omaha, Nebraska 68127  
Telephone: (402) 592-3753  
Toll Free: (855) 315-1739  
Fax: (402) 951-9500

BENEFICIARY DESIGNATION

Please Print – Must Be Signed

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please check the appropriate box(es):

☐ Married                      ☐ Single                      ☐ Widowed                      ☐ Divorced  
\*Date of Divorce: \_\_\_\_\_

\*By checking “Single” you hereby represent and certify that you are not currently married.

\*\*If you have been divorced more than once, please indicate all dates

of divorce. If married please indicate date of marriage: \_\_\_\_\_

| Primary Beneficiary(ies)  | Secondary Beneficiary(ies) |
|---------------------------|----------------------------|
| Name _____                | Name _____                 |
| SS# _____ - _____ - _____ | SS# _____ - _____ - _____  |
| Percentage _____ %        | Percentage _____ %         |
| Relationship _____        | Relationship _____         |
| Name _____                | Name _____                 |
| SS# _____ - _____ - _____ | SS# _____ - _____ - _____  |
| Percentage _____ %        | Percentage _____ %         |
| Relationship _____        | Relationship _____         |
| Name _____                | Name _____                 |
| SS# _____ - _____ - _____ | SS# _____ - _____ - _____  |
| Percentage _____ %        | Percentage _____ %         |
| Relationship _____        | Relationship _____         |

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse. Please refer to the Summary Plan Description for further details.

Please list addresses for beneficiaries (if different from your own) on the reverse side of this form.

Authorization

Signature of Employee

Date

Signature of Plan Representative

Date