



IBEW Local 683 Profit Sharing Annuity Plan

www.ibew683benefits.org
P.O. Box 39387 St. Louis, MO 63139
Toll Free 844/683-0683 Fax: 314/752-5813

Participant Beneficiary Form

Participant Information

Your Name (First Name, Middle Initial, Last Name) Social Security Number

Birth Date (mm/dd/yyyy) Phone Email Address

Street Address

City State Zip Code

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year. At that time, my spouse will automatically become my beneficiary. Finally, I understand that if I wish to name someone other than my spouse as my beneficiary, my spouse must consent in writing using a form available at the Plan Administrator's Office or Local Union Office.

I hereby state that I am NOT married, and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the IBEW 683 Profit Sharing Annuity Plan.

PROFIT SHARING ANNUITY PLAN DEATH BENEFIT BENEFICIARY:

Original Designation Change

Beneficiary Name (First Name, Middle Initial, Last Name) Social Security Number

Street Address

City State Zip Code

Participant's Signature Date

Please return this completed form to the following:
IBEW Local 683 Profit Sharing Annuity Plan
c/o IBEW-NECA Service Center
P.O. Box 39387 St. Louis, MO 63139