

IBEW Local 466
Pension Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

**DESIGNATION OF GUARDIAN/CUSTODIAN
FOR PARTICIPANT'S MINOR CHILD**

Date: _____

To Whom It May Concern:

Under the "Uniform Transfers to Minors Act", I,

Member's name: _____ Member's Social Security Number: _____

Do hereby designate the following as guardian (custodian) of my minor child (children) who is (are) named Beneficiary (ies) to my IBEW Local 466 Pension Fund account.

Guardian's name: _____ Guardian's Social Security Number: _____

Guardian's address: _____

Guardian's telephone number: _____

The above guardian is for the following minor child or children named below:

- | | |
|------------------------------|-------------------------------|
| 1. Minor Child's Name: _____ | Social Security Number: _____ |
| 2. Minor Child's Name: _____ | Social Security Number: _____ |
| 3. Minor Child's Name: _____ | Social Security Number: _____ |

Member's Signature: _____ Date Signed: _____

MARITAL STATUS

- I am not married. I understand that if I become married, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I am married. I understand that my spouse is my Primary Beneficiary; however, I understand I may select a Primary Beneficiary other than my spouse if my spouse signs the section below.

You may elect to waive the condition that your spouse is your beneficiary.

You may make this election the first day that you become a participant. Any waiver election you sign before age 35 will become void the first day of the plan year in which you turn 35. At that time, you may again waive the requirement that your spouse be your beneficiary, and your spouse must also consent to this waiver.

I am the spouse of the above named participant, and I consent to the above named Beneficiary (ies). I recognize that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Spouse's Signature: _____ Date Signed: _____

WITNESSED BY THE NOTARY PUBLIC AS INDICATED BELOW:

Subscribed and sworn to before me on this _____ day of _____, 20_____

Signature of Notary Public: _____ Date Signed: _____