

Beneficiary Name		Relationship	
Address		City/State/Zip	
Beneficiary Type (Circle one)	Primary Contingent	Percentage	
Social Security #			

Section III – Maryland Electrical Industry Pension Fund Death Benefit Beneficiary Designations

I hereby designate the following people as my beneficiaries to receive benefits, if any, payable at my death from the Maryland Electrical Industry Pension Fund.

Beneficiary Name		Relationship	
Address		City/State/Zip	
Beneficiary Type (Circle one)	Primary Contingent	Percentage	
Social Security #			

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Address		City/State/Zip	
Beneficiary Type (Circle one)	Primary Contingent	Percentage	
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Address		City/State/Zip	
Beneficiary Type (Circle one)	Primary Contingent	Percentage	
Social Security #			

I hereby make the designation of beneficiary for each of the benefits specified above and revoke any previous designations. I understand that the beneficiaries named above may be revoked at any time by filing a new designation in writing on the Fund office's form. I understand that if all of the above designated beneficiaries predecease me, the distribution will be made in accordance with the terms of the Plan. **I agree to notify the Fund Office immediately of any change in my marital status.**

Signature of Participant

Date