BENEFICIARY DESIGNATION FORM - CANADA

For Death Benefits from the IBEW Pension Benefit Fund

Retired/Active "A" Members of the IBEW

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| ☐ MR | First | Nam | ne | _ | | _ | _ | _ | _ | | | MI | La T | ast | Name |) | _ | _ | _ | _ | | _ | _ | _ | | _ | _ | _ | _ | _ | | |
| ☐ MS | L | | | | | | | | | | | | JL | | | | | \perp | | | | | | \perp | | | | \perp | | | | |
| ☐ MRS | Loca | ocal Union Card Number | | | | | | | | | | | | | Insura | nce | Nu | mber | | | _ | | | | | _ | | | | | | |
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| ☐ MR | | Nam | | ndivi | dual, | plea | se co | mple | te th | is sec | ction | MI | | | Name | | ona | ll be | nefic | iari | es a | ttac | h Fo | rm | No. | 1240 | <i>3.</i> — | _ | _ | _ | | |
| ☐ MS | | | | | | | | | | | | | Ш | | | | | | | | | | | | | | | | | | | |
| ☐ MRS | Rela | ionsh | nip | | | | | | | | | ı | | _ | | | | | | _ | | | | _ | | | | | | | | |
| LI MKS | | Choose One: | | | | | | | | | | | | | | Co | ontingent | | | | | | | | | | | | | | | |
| | First | First Name | | | | | | | | | | | I Last Name | | | | | | | | | | | | | | | | | | | |
| ☐ MR ☐ MS | Г | | | | | Γ | | Π | | Γ | Γ | | 7 | | | | | T | Т | | | Γ | Τ | | | Γ | Τ | Т | T | Т | | |
| ☐ MRS | Rela | ionsh | l | | | | | | | | | JL | JL | | | _ | _ | | | | | _ | | _ | | | | | | | | |
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| | | <u></u> | | | | | | | <u> </u> | | | | L | <u></u> | | | | | <u> </u> | <u></u> | |] P: | rim | nar | У | | Co | nti | nge | nt | | |
| ☐ MR | First | Nam | e | | | _ | | | | | | MI | La T | st | Name | _ | | _ | _ | _ | _ | | _ | _ | _ | | | _ | _ | _ | _ | |
| ☐ MS | | | | | | | | | | | | | JL | | | | | | | | | | | | | | | | | | | |
| ☐ MRS | Relat | Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Choose On ☐ Prima | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If naming an organization or trust, please complete this | | | | | | | | | | | | | his section | | | | | | | | | | Choose One: ☐ Primary ☐ Contingent | | | | | | | | |
| | Name of Organization, Institution or Trust | | | | | | | | | Γ | | Г | Т | Т | | | | Т | 弋 | J P | rım | mary | | | Contingen | | | nt | 7 | | | |
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| | Address (Street & Number) | | | | | | | | | | | | | | | | | _ | | | | | | | | | | | | | | |
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| | City | | | | | | | | | | | | | | F | Prov. | | _ | L Posta | al C | ode | | | | _ | | | | | | _ | |
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| | | | | | | | | | | | | loda | ys L | Date 7 J | (MM | וטטו | үү [.] 1 Г | YY) | | | _ | \neg | | No | ta | ry | or | LU | Sea | 1 | | |
| | Member's Signature | | | | | | | | | | | | | _/ | | | N | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Today's Date (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | |
| | Notary or Local Union Official's Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | otary | or Lo | cal U | nion (| Officia | al's Si | ignatu | ire | | | Ma | ail | Con | mplet | ed | For | rm t | 0: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Stre | | | | | | | | | | | | | | | | | |
| | Printed Name and Title of LU Official or Notary | | | | | | | | | | | Washington, DC 20001 Attn: Pension & Death Claims Dept | | | | | | | | | | | | | | | | | | | | |
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Form No. 124B Rev. 08/01/08