

MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND

**(DO NOT FILL OUT IF YOU ARE MARRIED OR YOU ARE A
BENEFICIARY ALREADY RECEIVING BENEFITS)**

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.

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 Pension Plan in the event of my death the following person(s):

PENSION FUND DEATH BENEFIT BENEFICIARY:

Beneficiary's Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

Date

Participant's Signature

PLEASE RETURN THIS FORM TO:

**MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND
6525 Centurion Drive
Lansing, MI 48917**

****If you have any questions, please contact the Fund Office at (517) 321-7502 . Office hours are
7:30 A.M. – 5:30 P.M.****