

# SAN DIEGO ELECTRICAL ANNUITY PLAN

4545 Viewridge Avenue, Suite 110, San Diego, CA 92123 - (858)569-6322 or (800)632-2569

## Enrollment Form

I. EMPLOYEE INFORMATION	
Name (Last, First, MI)	Social Security Number
Address	Date of Birth
City State Zip	Home Phone
Email Address	Cell Phone
Current Employer IBEW Local #	Marital Status
Are you employed under a Collective Bargaining Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Hire

II. CONTRIBUTION RATE																					
A. I authorize the following percentage or flat amount of my pre-tax compensation to be contributed to the plan each pay check. If you do not want any of your compensation contributed to your Plan account, enter '0%'.	<table border="0"> <tr> <td>0%</td> <td>1%</td> <td>2%</td> <td>3%</td> <td>4%</td> </tr> <tr> <td>5%</td> <td>6%</td> <td>7%</td> <td>8%</td> <td>9%</td> </tr> <tr> <td>10%</td> <td>11%</td> <td>12%</td> <td>13%</td> <td>14%</td> </tr> <tr> <td>15 %</td> <td>Other _____</td> <td colspan="3">(Write in)</td> </tr> </table>	0%	1%	2%	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%	15 %	Other _____	(Write in)		
0%	1%	2%	3%	4%																	
5%	6%	7%	8%	9%																	
10%	11%	12%	13%	14%																	
15 %	Other _____	(Write in)																			
B. This amount will apply until written direction for change is received.																					
C. The election will be effective as soon as received and processed by your employer's payroll office/department.	The maximum pre-tax contribution amount is \$19,500 for 2021. An additional annual catch-up contribution of \$6,500 is allowed for participants age 50 and older.																				

III. AUTHORIZATION AND SIGNATURE	
<p>I hereby authorize payroll deduction of plan contributions in accordance with the percentage or amount I have indicated above. I understand this constitutes a "cash or deferred" arrangement under section 401(k) of the IRC and that my contributions are subject to the withdrawal restrictions of the Plan.</p>	
Date	Signature

# BENEFICIARY DESIGNATION FORM

## San Diego Electrical Annuity Plan

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**NOTE:** If you choose to name more than two Primary and/or Secondary Beneficiary(ies), please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper. If you are married and designate additional primary beneficiaries, your spouse's certification must be notarized by a Notary Public.

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

**I. BENEFICIARY DESIGNATIONS**

**A. PRIMARY BENEFICIARY DESIGNATION**

**MARITAL STATUS**     **Married**         **Not Married or Widowed**     **Divorced**

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages MUST add up to 100%. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

<b>1</b>	Name	/ / Date of birth	Social Security number	
	Relationship	Address		[ ] % Percentage
<b>2</b>	Name	/ / Date of birth	Social Security number	
	Relationship	Address		[ ] % Percentage
Total =				100%

**SPOUSAL CONSENT**

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Signature of Participant's Spouse: \_\_\_\_\_

# BENEFICIARY DESIGNATION FORM

## San Diego Electrical Annuity Plan

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**WITNESSED BY NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss. On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally appeared \_\_\_\_\_ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary (SEAL)

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**B. SECONDARY BENEFICIARY DESIGNATION**

If no primary beneficiary listed in Part A above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

<b>1</b>	Name	/ /	Date of birth	Social Security number	
	Relationship	Address			[ ] % Percentage
<b>2</b>	Name	/ /	Date of birth	Social Security number	
	Relationship	Address			[ ] % Percentage
Total =					100%

**II. SIGNATURE**

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. **I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to: San Diego Electrical Annuity Plan  
4545 Viewridge Avenue, Suite 110, San Diego, CA 92123.**