This is an optional benefit. You can enroll at any time.

SAN DIEGO ELECTRICAL ANNUITY PLAN

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

EMPLOYEE INFORMATION (Please print clearly):

Name _____ Date of Birth _____ Social Security # _____

Address _____

Email Address _____ Phone Number _____ Marital Status _____

Current Employer _____ IBEW Local # _____

Are you employed under a Collective Bargaining Agreement (do you work in the field)? YES ☐ NO ☐

CONTRIBUTION RATE:

- I authorize the following percentage or flat amount of my pre-tax compensation to be contributed to the plan for each paycheck. **If you do NOT want any of your compensation contributed to your Plan account, please circle 0%.**
- This amount will apply until the Trust gets notified in writing to change the deducted amount.
- This election will be effective as soon as your employer's payroll department / office receives and processes this directive.
- The maximum pre-tax contribution amount for **2026 is $24,500**. An additional annual catch-up contribution of $8,000 is allowed for participants aged 50 and older.

PLEASE CIRCLE CONTRIBUTION RATE

0% 1% 2% 3% 4% 5% 6% 7%

8% 9% 10% 11% 12% 13% 14% 15%

Other: _____% (Write-in amount)

AUTHORIZATION AND SIGNATURE:

I hereby authorize payroll deduction of plan contributions in accordance with the percentage or amount I have indicated above. I understand that this constitutes a "cash or deferred" arrangement under section 401K of the IRC and that my contributions are subject to the withdrawal restrictions of the plan.

Signature _____ **Date** _____

BENEFICIARY DESIGNATION FORM

San Diego Electrical Annuity Plan

PARTICIPANT'S NAME (PLEASE PRINT CLEARLY) **SOCIAL SECURITY NO.**

PRIMARY BENEFICIARY DESIGNATION

MARITAL STATUS ☐ **Single** ☐ **Married** ☐ **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 signed 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 Trust Office in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survives 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) in proportion to the percentages shown for such beneficiary(ies) below.

Name | Date of Birth | Social Security #

Relationship | Address | % Percentage

Name | Date of Birth | Social Security #

Relationship | Address | % Percentage

NOTE: If you are married and designate your spouse as your 100% primary beneficiary, you do NOT need to have him/her sign below nor do you need this form notarized. **If you are married AND designate someone other than your spouse as the beneficiary, your spouse's signature MUST be notarized by a Notary Public.**

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 because of my spouse's death.

Signature of Participant's Spouse: _____

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 _____. 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

My Commission Expires: _____/_____/_____

(**SEAL**)

BENEFICIARY DESIGNATION FORM

San Diego Electrical Annuity Plan

PARTICIPANT'S NAME (PLEASE PRINT CLEARLY) **SOCIAL SECURITY NO.**

SECONDARY BENEFICIARY DESIGNATION

If the beneficiary listed under the Primary Beneficiary Designation survives me, I hereby designate as my beneficiary the person or persons listed below. 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.

Name Date of Birth Social Security #

Relationship Address % Percentage

Name Date of Birth Social Security #

Relationship Address % Percentage

SIGNATURE: (MUST SIGN!)

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: _____

Please return this form to:
San Diego Electrical Annuity Plan
4545 Viewridge Avenue, Suite 110, San Diego, CA 92123