

OPERATING ENGINEERS ANNUITY PLAN

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Form with fields: LAST NAME, FIRSTNAME IN FULL, MIDDLE NAME IN FULL, STREET ADDRESS, CITY, STATE, ZIP, SOCIAL SECURITY NO., TELEPHONE NO., DATE OF BIRTH, CURRENT MARITAL STATUS, SPOUSE'S NAME, DATE OF MARRIAGE, SPOUSE'S SOCIAL SECURITY NO., IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE(S)

If you are or have ever been divorced or legally separated, you must submit a copy of the judgement(s) of dissolution of marriage(s) or of legal separation for each marriage, unless you have previously done so.

EXPLANATION REGARDING DESIGNATION OF BENEFICIARY

The term "Beneficiary" means a person (including a trust) designated either by a Participant pursuant to the Plan or by the terms of the Plan who is or may become entitled to a benefit under the terms of the Plan.

BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN IT TO THE TRUST FUND OFFICE.

BENEFICIARY DESIGNATION

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_ do hereby designate the following named person or persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death from the Operating Engineers Annuity Plan.

Please note the following: a) if a trust is designated as beneficiary, please provide a complete copy of the trust document. b) if multiple beneficiaries are desired, please provide as an attachment to this form.

In the event of my death, pay any applicable benefits to:

Form with fields: PRINT NAME OF BENEFICIARY, SOCIAL SECURITY NO., RELATIONSHIP, % of Distribution, ADDRESS, CONTINGENT BENEFICIARY, SOCIAL SECURITY NO., RELATIONSHIP, % of Distribution, ADDRESS

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SPOUSAL CONSENT

If you designate a beneficiary other than your spouse, your spouse must give written consent below in the presence of a notary.

I hereby consent to the designation of the beneficiary named above and understand that any benefits due as a result of my spouse's death will be paid to the named beneficiary(ies), and I will not receive any surviving spouse benefit payable for my life.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me, the undersigned, at \_\_\_\_\_

this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public

PLEASE PRESS FIRMLY USING BLACK OR BLUE PEN