

PENSION TRUST FUND FOR OPERATING ENGINEERS

P.O. Box 23190 • Oakland, CA 94623-0190

(800) 251-5014 • (510) 433-4422

LAST NAME		FIRST NAME IN FULL			MIDDLE NAME IN FULL	
STREET ADDRESS			CITY	STATE	ZIP	
SOCIAL SECURITY NO.			TELEPHONE NO.			
DATE OF BIRTH / /	CURRENT MARITAL STATUS (Please Circle One)					
	Married	Never Married	Divorced	Legally Separated	Divorced & Remarried	Widow(er)
SPOUSE'S NAME (If Legally Married)				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. You may designate the same person to receive all benefits named on the lower portion of this form, or different persons to receive each of them. If you list more than one beneficiary, they shall share the applicable benefits equally unless otherwise designated. You also may designate a contingent beneficiary to receive benefits in the event of the death of your primary beneficiary(ies). If you do not designate a beneficiary, then applicable benefits will be payable as provided under the Plan. If you are married, your spouse is your beneficiary, unless you have designated another person, and your spouse has completed the spousal consent section on the bottom of this form. Your spouse's consent must be witnessed in the presence of a notary. **PLEASE BE ADVISED – Your previous designation of your spouse as your beneficiary is automatically revoked upon a Final Decree of Dissolution of Marriage.**

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 Pension Trust Fund for Operating Engineers.

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:

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. KEEP SECOND COPY FOR YOUR USE.