OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / DCP

100 CORSON STREET, SUITE 100 · PASADENA, CALIFORNIA 91103 · (866) 400-5200 P.O. BOX 7063, PASADENA, CALIFORNIA 91109 TTY: (626) 356-3582 WEBSITE: www.oefi.org



OPERATING ENGINEERS LOCAL 12 DEFINED CONTRIBUTION PLAN BENEFICIARY DESIGNATION

ast Name	First Name	MI			
Address(No. & Street)	(City)	(State)	(Zip)		
(No. & Street)	(City)	(State)	(219)		
SSN	Phone No.	Date of Birth			
larital Status (Check one)					
Married Single					
	y designation is on file or if desig uciary according to plan documer		termined, beneficia		
This designation supersedes any prior designation.					
PRIMARY BENEFICIARY: (check a	ppropriate box)				
_		, ontire account halance	ov dooth		
Spouse Primary Beneficiary: 10	designate my spouse to receive m	entire account balance upon r	ny death.		
		Date of Rirth			
Snouse Name	SSN	Date of Birt	h		
	SSN ory Beneficiaries: I designate the format be entered when assigning per equal 100%.]		/ account balance u		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m	ary Beneficiaries: I designate the formate the formate the formate the formate in	ollowing person(s) to receive my	/ account balance u		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must	ary Beneficiaries: I designate the formate be formated when assigning perequal 100%.]	ollowing person(s) to receive my centages (e.g., 33.333%, 33.334	/ account balance u 1%, etc.), but the to t		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must	ary Beneficiaries: I designate the formation and the formation of the form	ollowing person(s) to receive my centages (e.g., 33.333%, 33.334 SSN	y account balance u 1%, etc.), but the to t Percent		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must Name	ry Beneficiaries: I designate the format be entered when assigning per equal 100%.] Relationship Relationship	ollowing person(s) to receive my centages (e.g., 33.333%, 33.334 SSN	y account balance uply, etc.), but the to th		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must Name Name Name Name	Relationship Relationship Relationship Relationship	SSN SSN SSN SSN	Percent Percent Percent Percent		
Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must Name Name Name Name vou are married and you have not de	Relationship Relationship Relationship Relationship Relationship	SSN SSN SSN SSN SSN SSN SSN SSN SSN	Percent Percent Percent Percent rovide consent below.		
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Non-Spouse or Multiple Prima my death: [Up to 3 decimals m all primary beneficiaries must Name Name Name Vou are married and you have not de POUSAL CONSENT: I understand I have aive that legal right in accordance with ally to a specific beneficiary and that I	Relationship Relationship Relationship Relationship Relationship Relationship Relationship Relationship	SSN	Percent Percent Percent Percent rovide consent below a right to limit my column.		

Notarization of spousal consent can be signed off by a Notary Public. A Notary Seal is not required when participant

resides in one of the following states: CT, KY, LA, ME, MI, NJ, NY, RI, VT

Notary Public:

	tional): If no Primary Beneficiary listed		
	count balance upon my death. [Up to 3 cc.), but the total for all contingent be		
Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent
PARTICIPANT SIGNATURE:			
Participant's Signature		 Date	

C. CONTINGENT BENEFICIARY: (optional)