OPERATING ENGINEERS LOCAL NO. 3 BENEFICIARY DESIGNATION FORM (PART I – PENSION AND ANNUITY PLANS)

☐ ALL 3 PLANS ☐ ☐ OPERATING EN ***Note: If boxes are	GINEERS P.O. Box	ANNUITY PL 23190 • Oakland	AN □ HA l, CA 94623-0	WAII ANI 190 • (800	NUITY F) 251-50	PLAN FOR OP 014 • (510) 433-4	1422		
LAST NAME	FIRST NAME IN FULL				MIDDLE NAME IN FULL				
STREET ADDRESS			CITY			STATE	TE ZIP		
SOCIAL SECURITY NO.			TELE	PHONE 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 Married	Never Married	Divorced	Legally Se		Divorced & Rem	narried	Widow	(er)
SI OOSE S NAME (II Legally	(Wallica)				DATE OF	MARKIAGE			
SPOUSE'S SOCIAL SECURI	TY NO.		IF DIV	VORCED OR	LEGALLY	SEPARATED, GIVE	DATE (S)		
If you are or have ever marriage(s) or of legal							s) of diss	solution	of
beneficiary to receive benefits provided under the Plan. If you section on the bottom of this f spouse as your beneficiary is your pension beneficiary for annuity designation, which is	u are married, y form. Your spou automatically the Husband of s for spouses or	our spouse is your be se's consent must be revoked upon a Fin & Wife Annuity or ally and not subject t	eneficiary, unless y witnessed in the lad Decree of Disso Contingent Annu- to beneficiary desi	ou have design presence of a rolution of Maitant forms of ignation.	nated another otary. PLI rriage. How benefit. It	er person, and your spo EASE BE ADVISED wever, if you are retin	ouse has con — Your pred, this do the pension	mpleted the evious des esignation	e spousal consensignation of your does not change
			EFICIARY						
designate the following nar from the Pension Trust Fun Please note the following:	a) if a trust b) if multipl	persons as my ben ag Engineers, Oper	eficiary or benef rating Engineers eneficiary, please e desired, please	iciaries to rec Annuity Plan se provide a	ceive any rand the H	awaii Annuity Plan	payable by for Opera	y reason o	
PRINT NAME OF BENEFICIARY			SOCIAL SECURITY NO.			RELATIO	RELATIONSHIP %		of Distribution
ADDRESS									
CONTINGENT BENEFICIARY		SOCIAL SECURITY NO.			RELATIO	RELATIONSHIP % o			
ADDRESS									
SIGNATURE:			DATE:					_	
If you designate a beneficia			SPOUSAL	CONSENT					
	ill be paid to t					ny benefits due as a ving spouse benefit	result of n	ny	
Spouse's Signature Subscribed and sworn to before me, the undersigned, at				Date			,	_	
this									
	-								

This is a Trust Fund Form Notary Public Revised 4/19