

☐ ALL 3 PLANS ☐ PENSION TRUST FUND FOR OPERATING ENGINEERS
☐ OPERATING ENGINEERS ANNUITY PLAN ☐ HAWAII ANNUITY PLAN 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)				

EXPLANATION REGARDING DESIGNATION OF BENEFICIARY

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

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, Operating Engineers Annuity Plan and the Hawaii Annuity Plan for Operating Engineers.

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			

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