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

☐ ALL 3 PLANS ☐ OPERATING EN	GINEERS ANNUI P.O. Box 23190 • C	TY PLAN □ HA Dakland, CA 94623-	AWAII ANN 0190 • (800)	NUITY PLAN) 251-5014 • (FOR OPI 510) 433-4	422		
LAST NAME	FIRST NAME IN FULL					MIDDLE NAME IN FULL		
STREET ADDRESS			CITY		STATE	ZI	P	
SOCIAL SECURITY NO.		TEL	EPHONE NO.	1			<u> </u>	
DATE OF BIRTH	CURRENT MARITAL	STATUS (Please Circle C	One)					
/ /	I	Married Divorced	Legally Se		orced & Rem	arried W	Vidow(er)	
SPOUSE'S NAME (If Legally	Married)			DATE OF MARR	IAGE			
SPOUSE'S SOCIAL SECURI	TY NO.	IF D	IVORCED OR I	EGALLY SEPAR	ATED, GIVE	DATE (S)		
If you are or have ever marriage(s) or of legal					udgement(s) of dissolu	ation of	
to a benefit under the terms of each of them. If you list mor 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	e than one beneficiary, the in the event of the death of a are married, your spouse form. Your spouse's conser- automatically revoked up the Husband & Wife Ams for spouses only and not	ey shall share the applical of your primary beneficiar is your beneficiary, unless at must be witnessed in the pon a Final Decree of Dis nuity or Contingent Ann subject to beneficiary de	ble benefits equa- y(ies). If you do you have design e presence of a n- solution of Mar uitant forms of esignation.	ally unless otherwis not designate a be- ated another person otary. PLEASE B rriage. However, i benefit. It also do	e designated. neficiary, then and your spo E ADVISED f you are retines not change	You also may applicable ben use has comple - Your previo red, this design the pension p	designate a continger lefits will be payable a leted the spousal conser us designation of you nation does not chang	
	BE SURE TO COMPLET	TE THE ENTIRE FORM BENEFICIAR			UST FUND O	FFICE.		
I,designate the following nar from the Pension Trust Fur Please note the following: In the event of m	d for Operating Enginee	, So s my beneficiary or beneficiary, Operating Engineer ted as beneficiary, plearies are desired, plear	ocial Security Neficiaries to rec s Annuity Plan ase provide a c	Noeeive any monies and the Hawaii A	Annuity Plan the trust do	for Operating	do hereby ason of my death Engineers.	
PRINT NAME OF BENEFIC	ARY	SOCIAL SECU	RITY NO.		RELATIO	NSHIP	% of Distribution	
ADDRESS								
CONTINGENT BENEFICIAL	RY	SOCIAL SECU	RITY NO.		RELATIO	NSHIP	% of Distribution	
ADDRESS								
SIGNATURE:DATE:								
If you designate a beneficial	ary other than your spous to the designation of the ill be paid to the named	SPOUSA se, your spouse must give beneficiary named abo	L CONSENT ve written conserve and understa	ent below in the pand that any bene	presence of a	notary.		
Spous Subscribed and sworn to bef	e's Signature ore me, the undersigned, a	at			ate	,		
this	_ day of	, 20_	•					

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