## □ 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
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## \*\*\*Note: If boxes are not selected above, beneficiary designations below will apply to all 3 retirement plans named above

LAST NAME	AST NAME			FIRST NAME IN FULL			MIDDLE NAME IN FULL		
STREET ADDRESS			CITY			STATE		ZIP	
SOCIAL SECURITY NO.			TEI	LEPHONE NO.	l				
DATE OF BIRTH			(Dlasas Cinala)	()					
DATE OF BIRTH		IARITAL STATUS				Dimensed & Dem		<b>W</b> <sup>2</sup> . <b>J</b> ( -	-)
	Married	Never Married	Divorced	Legally Se	-	Divorced & Ren	arried	Widow(e	r)
SPOUSE'S NAME (If Legally	Married)				DATE OF	MARRIAGE			
SPOUSE'S SOCIAL SECURI	TY NO.		IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)						
If you are or have ever	hoon divoro	d on logally con	arotad you	must submit	o conv of	the judgement(	a) of diago	lution of	
or of legal separation for						the judgement(	s) of uisso		marriage(s)
or or regar separation re		EXPLANATIO	-	<u>.</u>		NEFICIARY			
The term "Beneficiary" means benefit under the terms of the them. If you list more than or receive benefits in the event o Plan. If you are married, your of this form. Your spouse's co is automatically revoked upor the Husband & Wife Annuit spouses only and not subject	Plan. You may one beneficiary, the beneficiary, the death of you spouse is your beneficiary beneficiary of the death of you spouse is your beneficiary of the death of you spouse is your beneficiary of the death of you have been a Final Decrement of the death of your contingent of the death of your contingent of the death of your spouse of the death of you have been spo	designate the same p ney shall share the a ur primary beneficia eneficiary, unless yo tnessed in the presen ee of Dissolution of Annuitant forms o	erson to receive pplicable benef ry(ies). If you u have designa ice of a notary. <b>Marriage. He</b>	e all benefits nan fits equally unles do not designate ted another perso PLEASE BE A powever, if you a	ned on the lo s otherwise d a beneficiary on, and your s DVISED – Y re retired, th	wer portion of this for lesignated. You also t, then applicable ben spouse has completed <b>(our previous designation does</b> )	orm, or differ may designa efits will be l the spousal nation of you not change	ent persons tte a contin payable as consent sed <b>ir spouse a</b> <b>your pensi</b>	s to receive each of agent beneficiary to provided under the ction on the bottom as your beneficiary ion beneficiary for
	BE SURE TO	COMPLETE THE	E ENTIRE FO	RM AND RETU	RN IT TO T	THE TRUST FUND	OFFICE.		
		BEN	NEFICIA	RY DESIG	NATIO	N			
I.		21		locial Security 1		- 1		do	hereby designate
the following named person Trust Fund for Operating E			beneficiaries	to receive any	monies that				
Please note the following: In the event of m PRINT NAME OF BENEFICI	b) if multiple y death, pay an	<b>beneficiaries are</b> y applicable benef	desired, plea	ase provide as a	complete co an attachm	opy of the trust do ent to this form. RELATIO		% of I	Distribution
ADDRESS									
CONTINGENT BENEFICIAF	RY	5	SOCIAL SECU	ECURITY NO. RELAT			ONSHIP % of Distribution		
ADDRESS									
SIGNATURE:					DAT	E:			
				SAL CONSEN					
If you designate a beneficia	ry other than y	our spouse, your s				n the presence of a	notary.		
						y benefits due as a e benefit payable f		spouse's	
Spous Subscribed and sworn to before	e's Signature ore me, the und	ersigned, at				Date	,		
this day of			. 20						
uuy 01			_, =•			Notary Public			
Rev. 12/2018									