INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 98 TRUST FUNDS

APPOINTMENT OF PERSONAL REPRESENTATIVE

Name and address of participant or dependent appointing personal representative:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

SS #: _____

Date of Birth: _____

Telephone Number: _____

I hereby designate the following person as my personal representative:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

SS #: _____

Date of Birth: _____

Telephone Number: _____

Relationship of personal representative to individual making the appointment:_____

____ I hereby authorize the above named personal representative to act for me in receiving **<u>any</u>** protected information that may be provided to me as a participant or beneficiary of the Plan. The above named individual is authorized to receive all information concerning me. There are no restrictions on the type of information that may be received by my personal representative.

OR

_____ I hereby restrict the scope of my personal representative's authority and access to my information. I hereby authorize my personal representative to act for me only in the following capacity:

_____

_____

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

1) I understand that this appointment is voluntary and I have the right to refuse to grant this appointment. Initial:_____

2) I understand that this appointment may be revoked at any time by notifying the Fund Office in writing. The revocation is only effective after it is received by the Fund Office and it will not affect any actions or disclosures by the Fund Office based on this form and prior to receipt of the revocation. Initial:_____

3) I understand that this appointment is of unlimited duration. Initial:_____

OR

This appointment will expire on:_____. Initial:_____

Signature:_____ Date:_____
Participant

_____ _____
Notary Public Date Commission Expires

Notary Stamp or Seal