INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL 98 BENEFIT FUNDS

TWO CENTER SQUARE, PO BOX 217, EAST LONGMEADOW, MA 01028
TELEPHONE: (413) 525-4221 FAX: (413) 525-7553

HEALTH & WELFARE FUND
PENSION FUND
ANNUITY FUND
J L M COOPERATIVE TRUST

MICHELLE SCHWEITZER
FUND ADMINISTRATOR

Beneficiary Designation Form

Please complete this form and return to the Local 98 Fund Office as soon as possible.

Member Name ____
Last Name First Name Middle Initial

Address ____
Street

____
City State Zip Code

Social Security # ______________________ Phone ______________________

This designation applies to: **ALL FUNDS** ____________

Health & Welfare Fund ONLY ____________ Pension Fund ONLY ____________ Annuity Fund ONLY ____________

NOTE: If you are a participant in more than one Fund and you do not check ALL FUNDS you must complete a separate form for each Fund in which are a participant.

PRIMARY BENEFICIARY(IES) - Indicate % for each beneficiary - must equal 100%

1) Full Name ______________________ Social Security Number ______________ Percentage ________

Address ______________________ City ______________ State ______ Zip ____________

Phone Number ______________ Date of Birth ______________ Relationship ______________

2) Full Name ______________________ Social Security Number ______________ Percentage ________

Address ______________________ City ______________ State ______ Zip ____________

Phone Number ______________ Date of Birth ______________ Relationship ______________

3) Full Name ______________________ Social Security Number ______________ Percentage ________

Address ______________________ City ______________ State ______ Zip ____________

Phone Number ______________ Date of Birth ______________ Relationship ______________

SEE REVERSE SIDE

If no Primary Beneficiary survives the member, then the proceeds will be paid to:

CONTIGENT BENEFICIARY(IES) - Indicate % for each beneficiary - must equal 100%

1) Full Name ______________________________________Social Security Number ___________________Percentage _________

Address ____City_____________________State_______Zip______________

Phone Number __________________________ Date of Birth _____________________ Relationship _________________

2) Full Name ______________________________________Social Security Number ___________________Percentage_________

Address____City_____________________State_______Zip______________

Phone Number__________________________ Date of Birth_____________________ Relationship_______________________

3) Full Name ______________________________________Social Security Number ___________________Percentage_________

Address____City_____________________State_______Zip______________

Phone Number__________________________ Date of Birth_____________________ Relationship_______________________

It is your responsibility to keep your beneficiary information updated. Please contact the Fund Office at (413) 525-4221 if you need to make changes to your beneficiary designation. You can also find this form on our website at www.iuoelocal98.org.

I the undersigned, agree that:

- I understand that this form is subject to all of the terms and conditions set forth in the I.U.O.E. Local 98 Health & Welfare Fund, Pension Fund and Annuity Fund Plan Documents.
- I reserve the right to make further changes to my beneficiary designations and will provide spousal waiver, if applicable.
- I understand that if any or all of my accumulated benefits for which this designation applies is subject to Spousal Consent under the Plan rules or ERISA rules, and I designate someone other than my spouse as my beneficiary, my spouse must complete a spousal consent waiving his/her right to whatever portion of the benefits he/she is legally entitled to.
- I understand and agree to the changes and updates I made on this form.

____ _______________________

Member Signature Date

Notary Public Certification

On this ______ day of _________________, 20_____, before me, the undersigned notary public personally

appeared___________________________ (name of document signer), proved to me through satisfactory

evidence of identification which were ____________________________, to be the person whose name is

signed on the preceding or attached document in my presence.

(seal) ____

Notary Public Signature