

OPERATING ENGINEERS LOCAL NO. 3 BENEFICIARY DESIGNATION FORM (PART II)
(ALL BENEFITS EXCEPT PENSION AND ANNUITY PLANS)

DESIGNATION OF BENEFICIARY

**Fringe Benefits Office, 3920 Lennane Drive, Suite 200, Sacramento, CA 95834
(510) 748-7450**

This form applies to the following benefits, as applicable:

- 1. OPERATING ENGINEERS LOCAL UNION 3 BURIAL BENEFIT**
- 2. OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND BURIAL BENEFIT**
- 3. OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND LIFE INSURANCE**
- 4. HAWAII OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND BURIAL BENEFIT**
- 5. HAWAII OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND LIFE INSURANCE**
- 6. PENSIONED OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND BURIAL BENEFIT**
- 7. OPERATING ENGINEERS PUBLIC & MISC HEALTH & WELFARE TRUST FUND BURIAL BENEFIT**
- 8. OPERATING ENGINEERS PUBLIC & MISC HEALTH & WELFARE TRUST FUND LIFE INSURANCE**

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

The term "Beneficiary" means a person (including a trust) designated by a Participant. You may designate the same person to receive all benefits named on the lower portion of this form, or different persons to receive each of them. If you list more than one beneficiary, they shall share the applicable benefits equally unless otherwise designated. You also may designate a contingent beneficiary to receive benefits in the event of the death of your primary beneficiary(ies). If you do not designate a beneficiary, then applicable benefits will be payable as provided under the Plan.

BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN IT TO THE FRINGE BENEFITS OFFICE.

BENEFICIARY DESIGNATION

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 all benefits payable from the above entities, as applicable. Part I must be completed to designate beneficiaries for the Pension Trust Fund for Operating Engineers, Operating Engineers Annuity Plan and the Hawaii Annuity Plan for Operating Engineers.

**Please note the following: a) if a trust is designated as beneficiary, please provide a complete copy of the trust document.
b) if multiple beneficiaries are desired, please provide as an attachment to this form.**

In the event of my death, pay any applicable benefits to:

PRINT NAME OF BENEFICIARY	SOCIAL SECURITY NO.	RELATIONSHIP	% of Distribution
ADDRESS	PHONE		
CONTINGENT BENEFICIARY	SOCIAL SECURITY NO.	RELATIONSHIP	% of Distribution
ADDRESS	PHONE		

DATE: _____ SIGNATURE: _____