

SOUTHERN CALIFORNIA OPERATING ENGINEERS TRUST FUNDS
I.U.O.E., LOCAL #12
P.O. BOX 7063
PASADENA, CALIFORNIA 91109

DESIGNATION OF BENEFICIARY

(Print or type all information)

Name & Address of Participant or Retired Participant:

SS # _____

Register # _____

First Middle Last

Date of Birth _____

Address

Date you first joined or transferred into
Operating Engineers Local 12

City, State, Zip

_____ 20

IMPORTANT: This form should be on file with current information at all times with the Southern California Operating Engineers Trust Funds. Please complete and return immediately to the Fund Office. THIS FORM DOES NOT APPLY TO THE INTERNATIONAL UNION OF OPERATING ENGINEERS OR LOCAL 12 DEATH BENEFITS, THEREFORE, KEEP YOUR UNION DESIGNATION OF BENEFICIARY FORM UP TO DATE. THE FORMS ARE AVAILABLE AT THE UNION OFFICE.

PENSION BENEFITS: In accordance with Federal Law, **pension death benefits must be paid to your surviving spouse, if you are married.** You may designate someone other than your spouse only if your spouse submits a notarized statement agreeing with your selection. This law applies only to the Pension Trust. If you qualify for a Pension and have not become ineligible for the benefits by reason of forfeiture of service credits, as defined in Article II, Section 4 of the Pension Plan, the Pension Death Benefit provides the following:

ACTIVE ENGINEER: 120 monthly payments of your full pension to your wife/husband, if living (otherwise your designated beneficiary), plus up to \$2,500 at the time of death to your designated beneficiary. If you are between the ages of 52 and 62 at the time of death the Husband and Wife Pension will be paid automatically unless your surviving spouse elects the 120 month formula within 90 days of your death. The Husband and Wife Option provides for payment to the surviving spouse, for his or her lifetime, of approximately 1/2 of the pension you would have been entitled to from the Pension Fund.

RETIRED ENGINEER: 120 monthly payments (less the number of monthly pension payments you have received prior to death) of your full pension to your wife/husband, if living, otherwise to your designated beneficiary. If you have elected the Husband and Wife Pension, benefits will be paid in accordance with that Option. The Husband and Wife Option provides for payment to the surviving spouse, for his or her lifetime, of approximately 1/2 of the pension you were entitled to from the Pension Fund.

(OVER)

NOTE 1: If two or more beneficiaries are noted, the beneficiaries shall share equally in the benefits of the particular Trust unless you specify otherwise.

NOTE 2: If you wish to designate an alternate or contingent beneficiary, be sure you clearly identify the individual as an alternate.

OPERATING ENGINEERS PENSION TRUST

Pursuant to the terms of the Pension Plan of the Operating Engineers Pension Trust, pension benefits will be automatically paid to my surviving spouse. IN THE EVENT I HAVE NO SURVIVING SPOUSE, I hereby designate the following beneficiary or beneficiaries to receive the benefits payable:

Name of Beneficiary	Share %	Relation	Beneficiary SS#	Address of Beneficiary
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Signature _____ Date Signed _____ 20__

OPERATING ENGINEERS HEALTH AND WELFARE FUND

Pursuant to the plan of life insurance/death benefits of the Operating Engineers Health & Welfare Fund, I hereby designate the following beneficiary (ies). (**DO NOT LEAVE BLANK. BENEFITS FROM THIS FUND ARE NOT AUTOMATICALLY PAID TO YOUR SURVIVING SPOUSE UNLESS YOU SO DESIGNATE.**)

Name of Beneficiary	Share %	Relation	Beneficiary SS#	Address of Beneficiary
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Signature _____ Date Signed _____ 20__

OPERATING ENGINEERS VACATION/HOLIDAY SAVINGS TRUST

Pursuant to Article VII, Section 2 of the Agreement and Declaration of Trust of the Operating Engineers Vacation/Holiday Savings Trust, I hereby designate the following beneficiary (ies). (**DO NOT LEAVE BLANK. BENEFITS FROM THIS FUND ARE NOT AUTOMATICALLY PAID TO YOUR SURVIVING SPOUSE UNLESS YOU SO DESIGNATE.**)

Name of Beneficiary	Share %	Relation	Beneficiary SS#	Address of Beneficiary
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Signature _____ Date Signed _____ 20__

If any of the beneficiaries predecease me, such beneficiary's share shall be payable to the remaining designated beneficiaries, if any, who survive me. All previous designations made by me are hereby revoked.

Signature _____ Date Signed _____ 20__