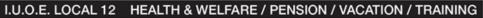
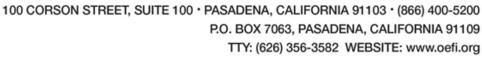
OPERATING ENGINEERS TRUST FUNDS







Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Particip	pant Person to be Revoked as my Personal Representative
Name (print):	;	
Address (City, State, Z	ip):	
Phone:	()	()
I,hereby revoke the	authority of	(Name of Participant or Beneficiary (Name of Persona
Representative)		
to act on my b	nehalf	
in receiving any p	` '	med:
I understand that late to the effective date		n disclosed to the above named Personal Representative <u>prio</u>
Participant or Ben	eficiary's Signature	Date
	Once completed, pl	olease return this form to the:

Operating Engineers Health and Welfare Fund:

Privacy Officer 100 E. Corson St. Pasadena, CA 91103 Telephone: 626-356-1092 Confidential fax #: 626-356-1065