

# OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH AND WELFARE / PENSION / VACATION / DCP

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## Operating Engineers Health and Welfare Fund and Vacation-Holiday Savings Trust Designation of Beneficiary Form

**Important:** This is the Designation of Beneficiary form for the Operating Engineers Health and Welfare Fund and Vacation-Holiday Savings Trust. Separate forms must be used to designate a beneficiary under the Operating Engineers Pension Trust and the Defined Contribution Plan.

### Instructions

- You should list at least one primary and one secondary beneficiary for each type of benefit under the Fund/Trust. You may list more than one of each if you wish. The total share % for primary beneficiaries must equal 100%. The same is true for secondary beneficiaries.
- If more than one primary beneficiary is listed and no share % is indicated, the beneficiaries will share equally in the benefits. The same rule applies to secondary beneficiaries.
- Benefits will not be paid to any secondary beneficiary unless all primary beneficiaries have died. For example, if you name two primary beneficiaries and one of them dies before you do, the surviving primary beneficiary will receive all of the benefits upon your death even if you have named one or more secondary beneficiaries.
- You may name your living trust as a beneficiary. Be sure to include the name and date of the trust.
- Be sure to sign and date the form. It is not valid without your signature.
- If you have additional beneficiaries, please use a blank piece of paper and attach it to the form.

### Health and Welfare Fund Benefits

**Active Participants:** The Health and Welfare Fund provides a life insurance and accidental death benefit for Active Participants. This benefit is not automatically payable to your spouse. If you want your spouse to receive the life insurance and accidental death benefit, you must name your spouse as your beneficiary.

**Retiree Participants:** The Health and Welfare Fund provides a lump sum death benefit for Retiree Participants. This benefit is automatically payable to your spouse. If you want someone other than your spouse to receive this benefit, you must name them as your beneficiary.

### Vacation-Holiday Savings Trust

If a participant dies with money remaining in their account with the Fund Office, the balance will be paid to the beneficiary(ies) designated on this form. Money held in a personal individual account with OE Federal Credit Union is explicitly excluded from this benefit and Fund Office responsibility.

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<b>Health and Welfare Fund - Active Participants Primary Beneficiary(ies)</b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Health and Welfare Fund - Active Participants Secondary Beneficiary(ies)</b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Health and Welfare Fund - Retiree Participants Primary Beneficiary(ies) Select Box to use the Active H&amp;W primary designee(s) listed above <input type="checkbox"/></b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Health and Welfare Fund - Retiree Participants Secondary Beneficiary(ies) Select Box to use the Active H&amp;W secondary designee(s) listed above <input type="checkbox"/></b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Vacation-Holiday Savings Trust Primary Beneficiary(ies) Select Box to use the H&amp;W primary designee(s) listed above <input type="checkbox"/></b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Vacation-Holiday Savings Trust Secondary Beneficiary(ies) Select Box to use the H&amp;W secondary designee(s) listed above <input type="checkbox"/></b>		
Name	Relationship	Share %
Address		Social Security Number
Name	Relationship	Share %
Address		Social Security Number
<b>Participant's Information</b>		
I hereby designate the beneficiary(ies) shown above to receive the benefits payable on my behalf from the Funds upon my death. I hereby revoke any previous designations.		
Participant's Name		Social Security Number or OEID
Participant's Signature		Date
X		____/____/____