CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS & PARTICIPATING EMPLOYERS
4115 Chesapeake Street, NW, Washington, DC 20016 Tel:(202) 362-1000;Fax (202) 364-2913

DESIGNATION OF BENEFICIARY

Note: If you have been married for at least twelve months and want your spouse to be your beneficiary, you do not need to complete this form. The Plan of Benefits provides that your spouse will be considered your beneficiary. *

Name:			Social Security Number
Street Address:			Date of Birth
City:	State:	Zip:	Phone Number:

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced **(You must include a copy of your entire divorce decree).**

Local Union Number _____ Union Register Number _____

Anyone wishing to designate an institution or entity, i.e. Trust or Estate, as a beneficiary must supply the Fund office with documentation that adequately identifies such entity and an authorized representative of that entity, e.g. Trustee or Executor. If you wish to designate more than one beneficiary (for example, two children, who will share equally), please check the item marked "multiple beneficiaries" below and then add the additional names (including address, date of birth and SSN) on an attached sheet.

Multiple Beneficiaries ☐ No ☐ Yes (If yes, attach additional sheet if necessary)

Name of Beneficiary:			Relationship
Street Address:			Date of Birth
City:	State:	Zip:	Social Security No.:

(Must have in order to process)

I hereby revoke all previous designation of beneficiaries and designate the above as my beneficiary with respect to any and all proceeds which may be due at my death. I further certify to the Board of Trustees that I am of sound mind and competent to execute this form.

Signature _____ Date _____

Witness _____ Date _____

* **Please note, however, that if you do designate your spouse on this form, and your marriage is subsequently dissolved, this designation will continue in effect until changed by you.**