

# International Union of Operating Engineers Local 95 95A 950 401(k) Plan

## Designation of Beneficiary

(Please complete the areas as applicable)

Participant's Name: \_\_\_\_\_ Participant's SS#: \_\_\_\_\_

I hereby designate the following as my primary beneficiary(ies) under this Qualified Retirement Plan(as named above). (If your primary beneficiary is not your spouse, he or she must consent to this designation in writing on this form).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If your primary beneficiary(ies) does not survive, I hereby designate the following as my contingent beneficiary(ies) under this Plan.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Percent: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Note: No benefits are payable unless the Spouse's consent or Participant certification is signed.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## Spouse's Consent

(IF SOMEONE OTHER THAN SPOUSE IS NAMED THE PRIMARY BENEFICIARY)

I hereby approve of, and consent to, the beneficiary designation elected by my spouse as provided above. I understand that the effect of my consent may be to have retirement benefits under the Plan paid to a beneficiary other than myself. I further Understand that my spouse may not change the Primary Beneficiary designation above without first obtaining my written consent.

\_\_\_\_\_  
Name of Spouse (Please Print)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

## Participant's Certification, If No Spouse

I hereby certify that I am now not married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date