

Local 4

OPERATING ENGINEERS International Union of



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DESIGNATION OF BENEFICIARY

INTERNATIONAL AND LOCAL 4 DEATH BENEFITS

I, _____ Register No. _____ herewith designate

Primary Beneficiary

Relationship

Name

Address

City & State

Zip Code

Social Security Number

as my Beneficiary in the International Death Benefit and the Local 4 Sick Fund Death Benefit Funds. It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me.

If more than one Primary Beneficiary is named, benefits will be shared and shared alike. Please use additional sheets.

Contingent Beneficiary

Relationship

Name

Address

City & State

Zip Code

Social Security Number

The Contingent Beneficiary receives benefits **only** in the event of the death of the Primary Beneficiary. If more than one Contingent Beneficiary is named, please use additional sheets, and indicate order in which benefits are to be paid by placing number 1, 2 or 3 etc. beside names, or state if all Contingent Beneficiaries are to share and share alike.

Date

Member's Signature

