OPERATING ENGINEERS LOCAL 428 PENSION AND ANNUITY TRUST FUNDS

BENEFICIARY DESIGNATION

I hereby designate the following as my beneficiary to whom any interest I may then have in the above Plans shall be paid in the event of my death. I reserve such rights as may be available to me under the Plans to change this beneficiary designation. See below for CONDITIONS.

Name of Beneficiary _____

Address _____

Relationship _____

Birthdate _____

NOTE: For Additional Beneficiaries, attach separate paper and designate the split.

CONDITIONS

The conditions are set forth in the Plans which must be consulted for full particulars. I have been advised that my right to designate a beneficiary is limited or may be limited by applicable statutes, including the Employee Retirement Income Security Act of 1974, and by the terms of the Plan, as the same may be amended from time to time. I understand that, if I designate anyone other than my spouse as beneficiary, my spouse must consent to the designation. I also understand that my pension benefits may be subject to the husband and wife provisions in favor of my spouse, as provided in the Plan. If a minor is beneficiary, I understand that no distribution will be made until a conservator of the minor's estate is duly appointed and is legally authorized to release the Plan upon payment. If legal proceedings are had or are determined by the Trustees to be necessary to establish the legal beneficiary, and if the Trustees elect to charge such expense items against the benefits, I consent that all costs, expenses and disbursements, including reasonable legal fees, shall be paid out of the benefits and that the Trustees, if they so decide, shall have the right to offset such items from the benefits before the same are distributed. In the event that, for good cause (death or beneficiary, legal disability, or other legal causes), the benefits cannot be paid to the named beneficiary, the benefits will be paid according to the Plan as if no beneficiary had been designated. If my marriage to a spouse designated as a beneficiary has been legally dissolved prior to my death, I hereby expressly revoke such designation of said former spouse and direct the benefits be paid as if I had not designated a beneficiary. If I file more than one designation, then, acting for myself, my estate, successors, heirs, beneficiaries and assigns, I direct the Trustees to honor the designation most recent to my death (the most recently dated designation supersedes a prior dated form). I understand that this designation serves as a designation for the Annuity and Pension Plan in which I participate. If I wish different designations for each Plan, I understand that I am required to file separate designation forms for each Plan.

Employee Signature	Social Security Number	Date
Employee Name (Please Print)	Date of Birth	

Address of Employee	City	State	Zip

Signature of Spouse – If Married	Date