



Beneficiary Designation 401(a) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Center at 1-877-715-4015.

457847-01 International Union of Operating Engineers Local No. 132 Annuity and Savings Fund

A Participant Information
Social Security Number, Account Extension, Last Name, First Name, M.I., Date of Birth, Street Address, Personal Phone Number, City, State, Zip Code, Work Phone Number, Email Address, Married, Unmarried

B Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)
If I am married, my Plan requires my spouse as primary beneficiary for 100% or my spouse consents to my beneficiary designation.
% of Account Balance Primary Beneficiary Name Relationship Social Security Number Date of Birth

Contingent Beneficiary Designation
% of Account Balance Contingent Beneficiary Name Relationship Social Security Number Date of Birth

C Signatures and Consent
Participant Consent
I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death.
Participant Signature Date (Required)



Last Name

First Name

M.I.

Social Security Number

Number

Spousal Consent**Dates of the participant's spouse signature and notarization or witness by Plan Administrator/Trustee must match.**

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named on the previous page. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse Signature _____ Date (Required) _____

Witness of Spouse's Signature

The spouse's signature must be witnessed by a Notary Public or Plan Administrator/Trustee (see below).

Statement of Notary**NOTE: Notary seal must be visible.**

State of _____) The consent to this request was subscribed and sworn (*or affirmed*)
to before me on this _____ day of _____, year _____, by

)ss. **(name of spouse)** _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who
appeared before me, who affirmed that such consent represents his/her free
and voluntary act.

SEAL

Notary Public Signature _____ My commission expires _____

Authorized Plan Administrator/Trustee Signature

I accept the information provided by the participant on this form.

If notarized consent is not obtained, I certify that the Spousal Consent was signed by the spouse of the participant in my presence.

Authorized Plan Administrator/Trustee Signature _____ Date (Required) _____

D Mailing Instructions

Participant forward to Employer

Employer **DO NOT** send this form to the Service Center as beneficiary records are not maintained. Please retain this for your records.