

International Union of Operating Engineers Local No. 132 Trust Office

P.O. Box 2626 Huntington, West Virginia 25726-2626 (304) 525-0482 or 1-800-642-3525 www.iuoe132.org

HEALTH & WELFARE FUND

Beneficiary Designation Form

Participant Information				
Name:	ID Number or SSN:			
I understand in the event of my death, the distribution of any amount payable from the IUOE Local 132 Health and Welfare Fund will be made to the beneficiary(ies) designated below in accordance with the provisions of the Plan.				
To make a beneficiary designation for your Life Insurance and AD&D Insurance, please complete the form below. Please be sure to include all of the requested information for each beneficiary. If you designate more than one beneficiary, the funds will be divided equally among all named beneficiaries unless you specify otherwise or required by law.				
IMPORTANT: If you name a minor child as your beneficiary, you must appoint a legal guardian.				
Primary Beneficiary(ies)				
%				
70	Name	Relationship	Date of Birth	Social Security #
%	Address			
	Name	Relationship	Date of Birth	Social Security #
	Address			_
Contingent Beneficiary(ies)				
If there is no primary beneficiary(ies) living at the time of my death, I hereby designate the following contingent beneficiary(ies).				
%	Name	 Relationship		Social Security #
	Address	Relationship	Date of Birtii	Social Security #
%	Name	Relationship		Social Security #
	Address	p		
Signature				
I understand this designation supersedes any previous designation and is not valid unless signed and dated.				
→			→	
Participant's Signature			Date	