



**Operating Engineers Local No. 77
Trust Fund of Washington, D.C.
Health And Welfare Program**

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Change in Beneficiary Form (Health & Welfare Fund)

Complete this form if you want to change your beneficiary designation for purposes of the Death Benefit payable under the Plan.

Part A. Beneficiary Designation

Name of Participant: _____

Social Security Number: _____

I hereby designate the following individual(s) as my beneficiary(ies) under the Operating Engineers Union Local 77 Health & Welfare Plan for the indicated benefits and I revoke any prior designation(s).

Primary Beneficiary(ies) for the Death Benefit

Name: _____ Relationship: _____

Address: _____
CITY STATE ZIP

Birthdate: _____ SS#: _____

Alternate Beneficiary

Name: _____ Relationship: _____

Address: _____
CITY STATE ZIP

Birthdate: _____ SS#: _____

PARTICIPANT'S SIGNATURE

DATE

Sworn and subscribed to before me on this ____ day of _____, 20____.

(seal)

NOTARY PUBLIC SIGNATURE

My commission expires on _____.

(If this form is not notarized, it will be returned to you.)

Transfer under the Uniform Transfers to Minors Act

If the beneficiary(ies) you designated under either the Three-Year Certain Benefit or the Lump Sum Death Benefit is a minor (under age 18), you must complete the statement below and return it to the Fund Office along with the "Change in Beneficiary" form. If your beneficiary(ies) is not a minor, you may disregard this page and simply discard it.

I, _____, (name of participant) hereby transfer to _____ (name of custodian) the Lump Sum Death Benefit or the monthly benefits remaining under the Three Year Certain Benefit accrued in the Operating Engineers Union Local No. 77 Pension Fund as custodian for _____ (name of minor) under the "Uniform Transfer to Minors Act."

Signature of Participant

Date