



Operating Engineers Local No. 77 Pension Plan

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Change in Beneficiary Form (Pension Plan)

Complete this form if you want to change your beneficiary designation for purposes of the Death Benefit payable under the Plan. If you were married on the date that your pension benefit commenced, the person who was your spouse on that date must complete the spouse's statement in on the next page unless you have a Qualified Domestic Relations Order or your spouse is deceased.

Beneficiary Designation

Name of Participant: _____

Social Security Number ("SSN"): _____

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

1. Primary Beneficiary(ies) for the Three-Year Certain Benefit

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth date: _____ SSN: _____

Alternate Beneficiary (Three-Year Certain Benefit)

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth date: _____ SSN: _____

2. Primary Beneficiary(ies) for the Lump Sum Death Benefit

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth date: _____ SSN: _____

Alternate Beneficiary (Lump Sum Death Benefit)

Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #: _____ Birth date: _____ SSN: _____

Participant's Statement (Check ONE of the choices below):

- _____ I hereby certify that my spouse is deceased.
- _____ I am not married and elect to change my beneficiary.
- _____ I am married and I elect to change my beneficiary.

Note: If you are married and your newly elected beneficiary is someone ***other than*** your spouse, your spouse must complete, and have notarized, the statement below.

Participant's Signature _____
Date

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

My Commission Expires on _____
Notary Public

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

Spouse's Statement

I hereby consent to my spouse's designation of the beneficiary listed above. I understand that, as a result of this designation, if any part of the Three-Year Certain Benefit still remains at my spouse's death, it will be paid to his/her new beneficiary as shown above. I understand that my spouse's change in beneficiary will not be effective unless I consent to it in writing by signing below.

Spouse's Signature _____
Date

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

My Commission Expires on _____
Notary Public

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, _____, hereby transfer to _____

(name of participant)

(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