

**International Union of Operating Engineers Benefit Funds of Eastern Pennsylvania & Delaware
Pension, Annuity, & Welfare Beneficiary Designation Form**

Last Name	First Name	Middle Initial	Social Security Number	Marital Status
Street Address	City		State	Zip Code

1. Pension Plan		<i>If you are vested and married, your spouse is automatically your primary beneficiary</i>	
* - If Eligible		<i>under the Pension plan. You may elect anyone as your contingent Beneficiary.</i>	
Primary	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code
Contingent	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code

2. Annuity Plan		<i>If you are married your spouse is automatically your primary beneficiary</i>	
* - If Eligible		<i>under the Annuity plan. You may elect anyone as your contingent Beneficiary.</i>	
Primary	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code
Contingent	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code

3. \$5000 Death Benefit		<i>Regardless of Marital Status, you may elect anyone as beneficiary(s).</i>	
* - If Eligible			
Primary	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code
Contingent	Name(s)		Relationship
Social Security	Phone Number	Date of Birth	
Address			
City		State	Zip Code

Signature

Date