

IUOE LOCAL UNION 513 TRUST FUNDS UNIVERSAL BENEFICIARY DESIGNATION FORM

PART A: General Information <i>(Please print all information)</i>			
Last Name:		First Name:	
Middle Name:			
Soc. Sec. No.: _____ - _____ - _____		Birth Date: Mo ____ Day ____ Year ____	
Telephone #: (____) _____ - _____			
Home Address:		City:	State: Zip:
Current Marital Status: ☐ Single ☐ Married If Married, Spouse's Name: _____			
If you designate multiple beneficiaries, make sure the percentages add up to 100%. Otherwise, the remaining beneficiaries who do not have a stated percentage will equally share the remaining percentage. The Universal Beneficiary Designation Form applies to ALL PLANS or any combination of the IUOE Local Union 513 Pension, Annuity and Welfare Funds. If you do not select individual Plans, ALL PLANS will apply. You should submit another form if designating a different beneficiary for each plan benefit.			
PART B: Beneficiary Designations <i>(Please print all information)</i>			
☐ ALL PLANS <i>If you do not select individual Plans, ALL PLANS will apply</i>		OR	
		☐ PENSION PLAN ☐ ANNUITY PLAN ☐ WELFARE PLAN	
The Beneficiary(ies) listed below shall receive benefits payable upon the listed participant's death from the Plans selected above. You may add a page if additional space is needed. List your beneficiary(ies) in the spaces provided below. At least one primary beneficiary must be selected. The percentages of your primary beneficiary(ies) must total 100%. If you designate a secondary beneficiary, the percentages for those beneficiaries must also total 100%.			
Full Name of PRIMARY Beneficiary		Relationship to You	Social Security No.
Date of Birth			
Street Address		City, State, Zip Code	
Percentage of Interest			
Full Name of PRIMARY Beneficiary		Relationship to You	Social Security No.
Date of Birth			
Street Address		City, State, Zip Code	
Percentage of Interest			
Full Name of SECONDARY Beneficiary		Relationship to You	Social Security No.
Date of Birth			
Street Address		City, State, Zip Code	
Percentage of Interest			
Full Name of SECONDARY Beneficiary		Relationship to You	Social Security No.
Date of Birth			
Street Address		City, State, Zip Code	
Percentage of Interest			
Full Name of SECONDARY Beneficiary		Relationship to You	Social Security No.
Date of Birth			
Street Address		City, State, Zip Code	
Percentage of Interest			
I Designate as a Beneficiary(ies) the person(s) named above for my death benefits. I understand that the designation of a spouse will automatically be revoked upon divorce, and a new designation will be required to name the ex-spouse as my beneficiary. I will inform the Benefit Office IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for my death benefits.			
		_____ Participant's Signature Date	
I am the Legal Spouse of the above-name participant. I hereby consent to the beneficiary designations my Spouse has made above, and I acknowledge the effect of my consent is for someone other than me to receive this benefit.			
		_____ Signature of Spouse Date	
Subscribed and sworn to before me this _____ day of _____, _____.			
_____ Witness (Notary Public)			