



International Union of Operating Engineers

LOCAL 877 ANNUITY FUND

PLEASE COMPLETE THE BELOW FOR ENROLLMENT IN THE IUOE LOCAL 877 ANNUITY FUND.

NAME

PHONE NUMBER

EMAIL ADDRESS

Last

First

MI

Home

Mobile

Email address will be used for statement notification and important notices by Principal.

ADDRESS

Street

City

State

Zip code

SOCIAL SECURITY NUMBER

DATE OF BIRTH

GENDER

MALE

FEMALE

EMPLOYER/JOBSITE

DATE OF HIRE

MARITAL STATUS

SINGLE

MARRIED

Please complete the appropriate Beneficiary form on the following pages.

SIGNATURE

DATE

X _____

ACCESSING YOUR ACCOUNT

You are able to direct the investment of your Annuity Fund account by choosing among several investment options. Your investments will be managed by Principal Financial Group. Create an online profile at Principal.com to access account statements, manage your investment options, and view account activity. See the attached sheet for instructions on how to create an online profile with Principal. Principal can be reached by phone at 1-800-547-7754 or through their website at principal.com.

Please refer to the IUOE Local 877 Annuity Fund Summary Plan Description for Plan rules, early distribution options, and other important information about the Plan. Contact the Fund Office if you have any questions regarding the applicable Plan provisions.

Access your Principal account online: Set up your individual login in 6 easy steps



1. Go to principal.com and click Log In in the upper right corner

From the the login page, click **Create an account**, choose **Individuals** as your role, then click **Create an individual account**.

Log in to your account.

Username

Password

Log in

[Forgot username](#) | [Forgot password](#)

New user? [Create an account](#)

Create an account

Choose one of the following that best describes your role so you can create an account.

Individuals
For those with retirement or insurance products (on my own or through my workplace).

Businesses & auditors
I manage retirement or insurance plans for employees at my company.

Financial professionals
I help businesses and individuals make informed financial decisions.

Third party administrators
I provide certain administrative services for a retirement plan.

Dental providers
I am a dental provider or work in a dental office.

Plan administrators
I manage plan and fiduciary items for retirement plans.

Need online access to your account? Get started here.

[Create an individual account](#)

Already have an account? [Log in](#)

2. Tell us who you are, and agree to terms

You must provide **first name, last name, date of birth, and a phone number**. If you provide your Social Security Number and/or zip code, the better chance we have of quickly verifying your identity. **Agree to do business electronically** to continue.

Create your account.

First name *

Please use your legal name.

Last name *

Date of birth *

Valid format is MM/DD/YYYY

Phone number *

+1 -

Valid format is (XXX) XXX-XXXX. This is the quickest way for us to verify your identity. We will not use this number for marketing purposes.

Social Security Number or ID number optional

If your employer provided you with a Privacy or Alternate ID, use it here. Otherwise, use your SSN. No dashes or spaces, please.

Primary zip code optional

99999

I consent to doing business electronically. ⓘ

Create account

3. Verify your identity

One way to verify your identity is by **entering a secure code that we send you by text message or phone call**. Another way to verify your identity is by **answering a few personal questions** so we can confirm it's really you. Here is an example of what you might see:

The image shows two side-by-side screenshots of a verification interface. The left screenshot is titled "A code is on its way." and contains the text: "We texted a unique code to +XXXXXXXX0300. Please enter the code below." Below this is a row of six empty input boxes for a code, a blue "Continue" button, and a note: "This code will expire in 10 minutes." with a link "I didn't receive a code". The right screenshot is titled "QUESTION 3" and asks: "When did you purchase the property at 8583 Calle Valparaiso Avenue?". It lists five radio button options: "September 1990", "December 1996", "February 2002", "June 2014", and "October 2020", plus an option "I have never been associated with this property". A blue "Continue" button is at the bottom.

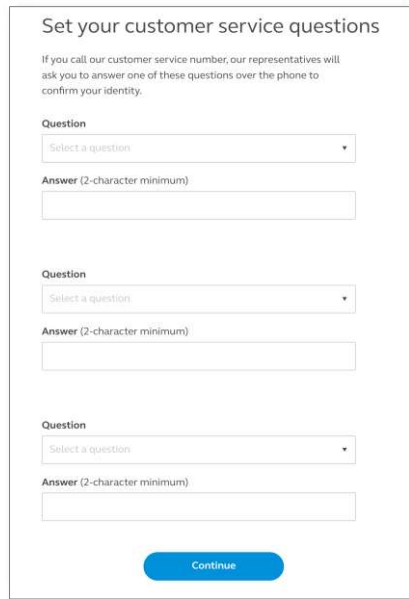
4. Set your username and password, and add your email address

Create a **unique username** and set a **secure password**. We'll also need **your email address** for account-related communications. You can update your email address online any time.

The image shows a single screenshot of a form titled "Choose a username and password." It contains four main sections, each with a label, a text input field, and a short instruction: 1. "Create a unique username *" with a text box and instruction: "Username must be 8-32 characters and include at least 2 numbers. No special characters or spaces, please." 2. "Enter a unique password *" with a text box and instruction: "Password must be 8-32 characters and have at least 1 number and 1 letter. It must be different from your username. We do not accept the following characters or spacebar: \"%&'()!+;<>\"." 3. "Confirm your password *" with a text box. 4. "Email address *" with a text box and instruction: "We'll also need an email address for security and communication purposes." Below the email address field is a "Confirm your email address *" text box. At the bottom of the form is a blue "Continue" button.

5. Choose your customer service questions

Select **three questions** our customer service representatives can ask you over the phone if you need to call us. We'll ask you to answer aloud to verify it's really you calling—not someone pretending to be you.



6. Log in to your online account

You're all set! You should now have access to your Principal account online. You'll get a **confirmation email** within a few minutes. Once that lands in your inbox, log in with your new username and password.

Keeping your account safe with two-factor authentication

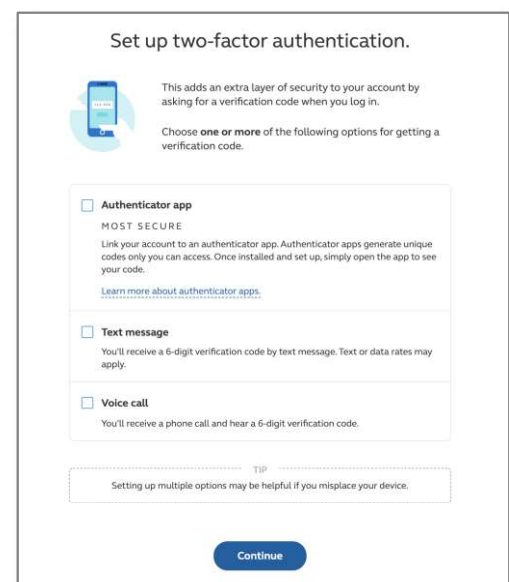
The first time you log in after setting up your username and password, you'll **need to set-up two-factor authentication by choosing how you want to receive verification codes; text, voice call and/or an authenticator app.**

We'll ask for a verification code if you log in from an unrecognized computer or mobile phone, forget your password, or we identify anything out of the ordinary. These codes help us confirm it's really you accessing your account – not someone pretending to be you.

If you want a few more tips about keeping your account information secure, check out our [Online Security Policies](#).

Questions?

Still having trouble setting up your login, or have other questions? **Call us at 800-986-3343.** We're happy to help.





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LOCAL 877 ANNUITY FUND

DESIGNATION OF BENEFICIARY FORM – UNMARRIED PARTICIPANT

Please complete this Designation of Beneficiary Form (Form) only if you are an UNMARRIED PARTICIPANT of the International Union of Operating Engineers Local 877 Annuity Fund (Fund). If you are currently married, your spouse is automatically your designated beneficiary, however, if you wish to name someone other than your spouse, contact the Fund Office to request the appropriate form. Please type or print each answer completely and clearly. If a mistake is made, no erasures or corrections should be attempted, and you should request a new Form to complete.

SECTION 1: PARTICIPANT INFORMATION

Participant Name: _____

Participant Social Security Number: _____

Participant Address: _____

Participant Phone Number: _____

Participant Date of Birth: _____

Participant Marital Status (MUST CONFIRM THEY ARE NOT MARRIED): _____

Participant Email Address: _____

SECTION 2: BENEFICIARY INFORMATION

Subject to the terms of the International Union of Operating Engineers Local 877 Annuity Plan (Plan), I hereby designate the following individual as my beneficiary to receive the value of my Fund account(s) if I die. I understand that this designation shall revoke all prior designations of beneficiary that I may have made.

Under the current terms of the Plan, I understand that I can only name one person as a beneficiary unless I obtain specific consent from the Board of Trustees of the Fund.

Name of Beneficiary: _____

Relationship of Beneficiary to Participant: _____

Address of Beneficiary: _____

Beneficiary Social Security Number: _____

Beneficiary Phone Number: _____

Beneficiary Date of Birth: _____

Beneficiary Email Address: _____

SECTION 3: CERTIFICATION

I acknowledge and understand that no new beneficiary forms or changes in my beneficiary will be accepted or honored by the Fund Office after the date of my death. I certify that I am not married and designate the individual listed in Section 2 of this form as my beneficiary to receive death benefits, if applicable, under the Plan after I die. Under penalties of perjury, I certify by my signature that all of the information on this Form is true, correct and complete.

Signature of Participant: _____ Date: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____ ss. _____ (Town/City)
County of _____

On this ____ day of _____, 20__, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Member*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)



International Union of Operating Engineers
LOCAL 877 ANNUITY FUND

DESIGNATION OF BENEFICIARY FORM – MARRIED PARTICIPANT ELECTING SPOUSE

Please complete this Designation of Beneficiary Form (Form) only if you are a MARRIED PARTICIPANT the International Union of Operating Engineers Local 877 Annuity Fund (Fund) and ELECTING YOUR SPOUSE AS YOUR BENEFICIARY. If you are currently married, your spouse is already automatically your designated beneficiary¹, however, if you wish to name someone other than your spouse, contact the Fund Office to request the appropriate form. Please type or print each answer completely and clearly. If a mistake is made, no erasures or corrections should be attempted, and you should request a new Form to complete.

SECTION 1: PARTICIPANT INFORMATION

Participant Name: _____

Participant Social Security Number: _____

Participant Address: _____

Participant Phone Number: _____

Participant Date of Birth: _____

Participant Marital Status (MUST CONFIRM THEY ARE NOT MARRIED): _____

Participant Email Address: _____

SECTION 2: BENEFICIARY INFORMATION

Subject to the terms of the International Union of Operating Engineers Local 877 Annuity Plan (Plan), I hereby designate the following individual as my beneficiary to receive the value of my Fund account(s) if I die. I understand that this designation shall revoke all prior designations of beneficiary that I may have made.

Under the current terms of the Plan, I understand that I can only name one person as a beneficiary unless I obtain specific consent from the Board of Trustees of the Fund.

Name of Beneficiary (spouse): _____

Relationship of Beneficiary to Participant: SPOUSE

Address of Beneficiary (spouse): _____

Beneficiary (spouse) Social Security Number: _____

Beneficiary (spouse) Phone Number: _____

¹ Federal law states that as long as you and your spouse are married at the time of your spouse's death, you will receive a special death benefit (called a "Qualified Preretirement Survivor Annuity" or "QPSA" benefit) that is paid from the vested account if your spouse dies before he or she begins receiving retirement benefits from the Plan (or, if earlier, before the beginning of the period for which the retirement benefits are paid).

Beneficiary (spouse) Date of Birth: _____

Beneficiary (spouse) Email Address: _____

SECTION 3: CERTIFICATION

I acknowledge and understand that no new beneficiary forms or changes in my beneficiary will be accepted or honored by the Fund Office after the date of my death. Under penalties of perjury, I certify by my signature that all of the information on this Form is true, correct and complete.

Signature of Participant: _____ Date: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this ____ day of _____, 20__, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Member*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)



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DESIGNATION OF BENEFICIARY FORM – MARRIED PARTICIPANT WHERE SPOUSE HAS WAIVED QPSA AND THEY ARE ELECTING ANOTHER INDIVIDUAL AS THEIR BENEFICIARY

Please complete this Designation of Beneficiary Form (Form) only if you are a MARRIED PARTICIPANT of the International Union of Operating Engineers Local 877 Annuity Fund (Fund) and your spouse has affirmatively waived the Fund's qualified pre-retirement survivor annuity or QPSA. If you are currently married, your spouse is automatically your designated beneficiary, unless your spouse consent in writing on a special form provided by the Fund Office, to waive this designation. If you are an unmarried participant of the Fund, please contact the Fund Office to request the appropriate beneficiary form for unmarried participants. Please type or print each answer completely and clearly. If a mistake is made, no erasures or corrections should be attempted, and you should request a new Form to complete.

SECTION 1: PARTICIPANT INFORMATION

Participant Name: _____

Participant Social Security Number: _____

Participant Address: _____

Participant Phone Number: _____

Participant Date of Birth: _____

Please confirm that you are currently married and your spouse has already provided the QPSA waiver to the Fund Office which allows for you to name another individual as your beneficiary: _____

Participant Email Address: _____

SECTION 2: BENEFICIARY INFORMATION

Subject to the terms of the International Union of Operating Engineers Local 877 Annuity Plan (Plan) and in accordance with the form entitled "Agreement to Waive Qualified Preretirement Survivor Annuity (and Designation of Non-Spousal Beneficiary)", I, with my spouse's consent as evidenced by such form, hereby designate the following individual as my beneficiary to receive the value of my Fund account(s) if I die. I understand that this designation shall revoke all prior designations of beneficiary that I may have made.

Under the current terms of the Plan, I understand that I can only name one person as a beneficiary unless I obtain specific consent from the Board of Trustees of the Fund.

Name of Beneficiary: _____

Relationship of Beneficiary to Participant: _____

Address of Beneficiary: _____

Beneficiary Social Security Number: _____

Beneficiary Phone Number: _____

Beneficiary Date of Birth: _____

Beneficiary Email Address: _____

SECTION 3: CERTIFICATION

I acknowledge and understand that no new beneficiary forms or changes in my beneficiary will be accepted or honored by the Fund Office after the date of my death. I hereby certify and represent to the Plan that my marital status, as evidenced by the Form entitled "Agreement to Waive Qualified Preretirement Survivor Annuity (and Designation of Non-Spousal Beneficiary)" has not changed. I will notify the Fund Office immediately if my marital status changes. Under penalties of perjury, I certify by my signature that all of the information on this Form is true, correct and complete.

Signature of Participant: _____ Date: _____

Notary Acknowledgement of Member's Signature

State/Commonwealth of _____

ss. _____ (Town/City)

County of _____

On this ____ day of _____, 20__, before me, _____ (*print name of Notary*), the undersigned officer, personally appeared _____ (*print name of Member*) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public

Date Commission Expires: _____

Affix Seal (required)