



IUOE LOCAL 501 INDIVIDUAL ACCOUNT PLAN TRUST FUND

CHANGE OF BENEFICIARY FORM ANNUITY ONLY

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

MARITAL STATUS: _____ DATE OF MARRIAGE: _____

(Note: If you are married and do not name your spouse as the Primary Beneficiary, your spouse must consent to your choice. See spouse waiver below) Subject to the terms of the IUOE Local 501

Individual Account Plan, I request that any sums becoming payable under the Plan by reason of my death be paid to the following beneficiary(ies). It is my understanding and desire that this designation shall cooperate so as to revoke any and all designation of beneficiaries previously made by me.

PLEASE READ CAREFULLY. If your spouse is not named as the sole Primary Beneficiary, your spouse must sign the SPOUSE CONSENT & WAIVER OF RIGHTS at the bottom of this form and have his/her signature notarized. If the Primary Beneficiary does not survive you, payments will be made to the Contingent Beneficiary. If more than one beneficiary is named as Primary Beneficiary or Contingent Beneficiary, they shall equally unless otherwise specified. If any of the named beneficiaries predeceases me, such beneficiary's share shall be payable to the remaining designated beneficiary or beneficiaries, if any, who survive me.

PRIMARY BENEFICIARY OR BENEFICIARIES

NAME 1: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

RELATIONSHIP: _____ SEX (M/F): _____

NAME 2: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

RELATIONSHIP: _____ SEX (M/F): _____

****Signature is located on the back of this form****

Mailing Address: P.O. Box 990 ♦ West Covina, CA 91793

Physical Address: 1050 Lakes Drive Suite 120 ♦ West Covina, CA 91790

8311 West Sunset Road Suite 250 ♦ Las Vegas, NV 89113

Phone 626-646-1079 ♦ Toll Free 800-320-0106 ♦ Facsimile 626-931-1368

www.oelocal501benefits.org ♦ staff@oelocal501benefits.org



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CONTINGENT BENEFICIARY OR BENEFICIARIES (If the primary beneficiary does not survive you, payments will be made to the Contingent Beneficiary):

NAME 1: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

RELATIONSHIP: _____ SEX (M/F): _____

NAME 2: _____ SS#: _____

ADDRESS: _____ DATE OF BIRTH: _____

PHONE: _____

RELATIONSHIP: _____ SEX (M/F): _____

Signature of Participant _____

Date _____

SPOUSE CONSENT & WAIVER OF RIGHTS (Please complete, sign and have your spouse's signature notarized only if you DO NOT name your spouse as the sole primary beneficiary). I hereby consent to my spouse's choice(s) above and waive any rights I may be entitled to under the IUOE Local 501 Individual Account Plan.

Signature of Spouse _____

Spouse SS#: _____

Date _____

State of _____

County of _____

On _____ before me the undersigned Notary Public in and for the said State personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Public Signature: _____ (NOT VALID WITHOUT NOTARY SEAL)

Place Notary Stamp/Seal Here

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