



OPERATING ENGINEERS LOCAL 501 SECURITY FUND

Life Insurance/AD&D Beneficiary Designation

Member's Name: _____ Social Security Number: _____

| | | | | | |
|-------------------------|--|--------------------------------------|--|-----|--|
| Beneficiary Name | | Date of Birth | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address | | | |

| | | | | | |
|-------------------------|--|--------------------------------------|--|-----|--|
| Beneficiary Name | | Date of Birth | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address | | | |

| | | | | | |
|-------------------------|--|--------------------------------------|--|-----|--|
| Beneficiary Name | | Date of Birth | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address | | | |

| | | | | | |
|-----------------------------------|--|--------------------------------------|--|-----|--|
| Secondary Beneficiary Name | | Date of Birth | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address | | | |

Custodial Designation

If my above named beneficiary is a minor, I hereby designate (print full name) _____
 _____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, then the natural parent(s) of the minor will automatically be designated as Custodian. I also understand that if the amount of the benefit is more than \$10,000, and I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.

| | | | | | |
|-----------------------|--|---------------|--|-----|--|
| Custodian Name | | Date of Birth | | SSN | |
| Relationship | | | | | |
| Phone | | Address: | | | |

*If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiaries have died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Trust rules.

| | |
|----------------------------------|--------------------|
| Member's Signature: _____ | Date: _____ |
|----------------------------------|--------------------|