

**MIDWEST OPERATING ENGINEERS WELFARE FUND AND LOCAL #150  
I. U. O. E. VACATION SAVINGS PLAN BENEFICIARY DESIGNATION**

IMPORTANT – READ SECTION E – ON REVERSE SIDE, BENEFICIARY CONDITIONS, BEFORE COMPLETING.

**SECTION A – MEMBER INFORMATION**

LAST NAME	FIRST NAME	INITIAL	BIRTH DATE	SOCIAL SECURITY NUMBER
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**SECTION B – TRANSACTION TYPE**     INITIAL DESIGNATION     CHANGE OF DESIGNATION     CHANGE OF ADDRESS OF BENEFICIARIES

**SECTION C** – In the event of my death I hereby designate the following to be my beneficiary(ies) of my **WELFARE FUND DEATH BENEFIT**. I reserve the right, without the consent of the beneficiary, to further change the beneficiary subject to any statutory restrictions. (Beneficiaries may be a person, trust, estate or other legal entity.)

NAME – LAST	FIRST	BIRTH DATE	ADDRESS	CITY	STATE	ZIP CODE	RELATIONSHIP

**SECTION D** – In the event of my death I hereby designate the following to be my beneficiary(ies) of my **LOCAL #150 VACATION SAVINGS PLAN**. I reserve the right, without the consent of the beneficiary, to further change the beneficiary subject to any statutory restrictions. (Beneficiaries may be a person, trust, estate or other legal entity.)

NAME – LAST	FIRST	BIRTH DATE	ADDRESS	CITY	STATE	ZIP CODE	RELATIONSHIP

If more space is needed, please use additional card.

**SECTION E – BENEFICIARY CONDITIONS**

Members may designate primary and contingent beneficiaries. Beneficiaries will receive equal shares, unless specific percentages are indicated.

Examples:    Doe, John – father    – 30%  
                  Doe, Mary – mother    – 70%

Beneficiary designations may be changed at any time by filing a new form with the Fringe Benefit Fund office. The new designation will be effective when received by the Fringe Benefit office.

If a beneficiary has not been designated or all designated beneficiaries have died prior to the member's death, any proceeds payable shall be paid to the surviving person or persons in equal shares in the first of the following categories in which a person or persons survive: (a) Surviving Spouse, (b) Children (including adopted children, (c) Executors and Administrators or in accordance with Plan provisions.

It is the responsibility of the member to keep the designation of the beneficiary and the beneficiary's address current.

For spouse and dependent child death benefit, the member is the beneficiary.

The designation of beneficiaries on reverse side hereof supersedes all prior designations of beneficiaries I have made.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Upon completion, mail to: Midwest Operating Engineers Fringe Benefit Funds  
6150 Joliet Road  
Countryside, Illinois 60525-3994

Phone 708/482-7300