

AGC-International Union of Operating Engineers Local 701 Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

DEFINED BENEFIT PENSION PLAN AUTHORIZATION FOR PAYMENT AND RELEASE

The undersigned hereby represents that (s)he is the duly authorized fiduciary (guardian/conservator/custodian) for _____, minor(s), who is/are the beneficiary(ies)/heir(s) of _____, deceased.

I hereby agree to indemnify and hold harmless this Trust from any claims arising on account of such payment and further release this Trust from any and all claims which could be asserted by reason of such payment.

DATED this _____ day of _____, 20____

Signature _____

ACKNOWLEDGEMENT

THIS IS TO CERTIFY that on this _____ day of _____, 20 ____, personally appeared before me _____, known to me to be the individual described in and who executed the within Authorization for Payment and Release and acknowledged that s/he signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

NOTARIZATION:

Subscribed and sworn to before me

this _____ day of _____, 20 _____

Notary Public's Signature: _____

Notary Public in and for the State of _____

Residing at _____

Commission expires: _____