

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 BENEFICIARY DESIGNATION

PARTICIPANT INFORMATION

Name (First, Middle Initial, Last)	Social Security Number	Gender (Male/Female)	
Marital Status (Married / Not Married)		Name and Social Security Number of Spouse	
Address			
City	State	Zip	Telephone Number

DEATH BENEFIT PRIOR TO RETIREMENT

If you die before your retirement benefit starting date, a benefit may be payable to your survivor under the Defined Benefit Pension Plan of the AGC-International Union of Operating Engineers Local 701 Pension Trust Fund ("Plan"). If you wish to name a beneficiary to receive such death benefit, complete, sign, and return this form to the Administrator at the address listed below. This designation supersedes any previous beneficiary designation for any pre-retirement death benefit that you may have provided.

If you are married at the time of your death and your spouse survives you, the beneficiary designation below will not be controlling and your surviving spouse will be entitled to the pre-retirement death benefits available to him or her under the Plan (see the "Survivor Benefits" Section of the Summary Plan Description).

If you are not married and the Plan does not have a valid beneficiary designation on file at the time of your death, any pre-retirement death benefits will automatically be paid in the order of priority provided in the Plan (see the "Designating Your Beneficiary" Section of your Summary Plan Description).

Primary Beneficiary Designation:

Name: _____ SSN: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship: _____

Contingent Beneficiary Designation (if your primary beneficiary does not survive you):

Name: _____ SSN: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship: _____

Participant Signature

Date

RETURN COMPLETED FORM TO:
ADMINISTRATION OFFICE, PO BOX 34203, SEATTLE, WA 98124-1203

LUMP-SUM DEATH BENEFIT

If you die while receiving a disability benefit under the Plan and your benefit is vested solely on the basis of your service in this Plan, your designated beneficiary may be eligible to receive a lump-sum death benefit (see the "Lump-Sum Survivor Benefit" Section of the Summary Plan Description). If you wish to designate a beneficiary to receive such lump-sum death benefit, complete, sign, and return this form to the Administrator at the address listed at the bottom of page 1. This designation supersedes any previous beneficiary designation for any lump-sum death benefit that you may have provided.

You may designate any person as your beneficiary, regardless of your marital status. However, if you are married at the time of your death, your designation of a non-spouse beneficiary below shall not defeat your surviving spouse's right, if any, to a community interest in the lump-sum death benefit. Your spouse may waive any community interest that he or she may have in this lump-sum death benefit by signing the Spousal Waiver below.

If you die while receiving a disability benefit and the Plan does not have a valid beneficiary designation on file at the time of your death, any lump-sum death benefit will automatically be paid in the order of priority established in the Plan (see the "Designating Your Beneficiary" Section of the Summary Plan Description).

Primary Beneficiary Designation:

Name: _____ SSN: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship: _____

Contingent Beneficiary Designation (if your primary beneficiary does not survive you):

Name: _____ SSN: _____ Telephone Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Relationship: _____

Participant Signature

Date

SPOUSAL WAIVER

I am the spouse of the above-named participant. I understand that, under state law, I may, upon the event of my spouse's death, have a community interest in the lump-sum death benefit described above. I agree to waive any such community interest by signing this Spousal Waiver. I understand that I do not have to sign this Spousal Waiver, and I am doing so voluntarily.

Signature of Spouse

Date

Participant Signature

Date