

AGC-INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 DEFINED CONTRIBUTION PENSION PLAN

Beneficiary Designation

PARTICIPANT INFORMATION

Name (First, Middle Initial, Last)		Social Security Number		
Date of Birth	Gender (Male/Female)	Marital Status (Married/Not Married)		
Name of Spouse		Spouse's Social Security Number		
Address				
City	State	Zip Code	Telephone Number () -	
Employer				Union Local Number

In general, if you are a Participant in the Defined Contribution Plan of the AGC-International Union of Operating Engineers Local 701 Pension Trust Fund ("Plan"), and you die before your retirement date, any undistributed portion of your vested accounts under the Plan will go to your surviving spouse, even if you designate someone else with your spouse's consent. You may use this form to designate non-spouse beneficiaries in case your spouse predeceases you. If you are not married, you may use this form to designate any beneficiaries that you wish.

If you became a Participant in this Plan on January 1, 1998, as a result of the merger into this Plan of the Northwest Operating Engineers Trust Fund (a "Grandfathered Participant"), any undistributed portion of your vested accounts under the Plan will go to your surviving spouse if you die before your retirement date, **unless you designate a non-spouse beneficiary, with your spouse's written consent, using the attached "Spouse Consent to Designation of Nonspouse Death Beneficiary" form.** You may use this form to designate non-spouse beneficiaries in case your spouse predeceases you, without getting spousal consent. If you are not married, you may use this form to designate any beneficiaries that you wish.

DEATH BENEFICIARY OR BENEFICIARIES

I hereby designate the following primary beneficiary or beneficiaries to receive, in the event of my death, the following % Share(s) of any undistributed portion of my vested accounts under the Plan, and revoke any prior beneficiary designation.

Unless I designate a secondary beneficiary, the share of any primary beneficiary, should he or she predecease me, will go to that beneficiary's children in equal shares, with the share of a deceased child passing to his or her children, and if none survive me, to my other surviving primary beneficiaries based on their proportionate % Shares, and if none survive me, to my estate. If I name a secondary beneficiary, the share of that primary beneficiary, should he or she predecease me, will go to that secondary beneficiary.

1. Primary Beneficiary

Name	Social Security Number			% Share*
				() -
Address	City	State	Zip Code	Telephone Number

Secondary Beneficiary

Name	Social Security Number			
Address	City	State	Zip Code	Telephone Number

2. Primary Beneficiary

Name	Social Security Number			% Share*
				() -
Address	City	State	Zip Code	Telephone Number

Secondary Beneficiary

Name	Social Security Number			% Share*
				() -
Address	City	State	Zip Code	Telephone Number

3. Primary Beneficiary

Name	Social Security Number			% Share*
				() -
Address	City	State	Zip Code	Telephone Number

Secondary Beneficiary

Name	Social Security Number			% Share*
				() -
Address	City	State	Zip Code	Telephone Number

*The % Share is the proportion of a Participant's vested accounts that a beneficiary will receive. The % Shares for all primary death beneficiaries must total 100%.

I may change my beneficiary designations at any time by properly completing the Plan form, but a change is not effective until received by the Plan and is only effective if received before my death.

Any designation of my spouse as a beneficiary is automatically canceled on the effective date of a divorce.

If I am a Grandfathered Participant designating a non-spouse beneficiary, the completed and notarized spouse consent form must be attached for my beneficiary designation to be valid while my spouse is still alive.

Participant's Signature Date

Please return this form to the Plan Administrator at the following address:

AGC-International Union of Operating Engineers
Local 701 Defined Contribution Pension Plan
P.O. Box 34203
Seattle, Washington 98124-1203
Telephone: (503) 657-9740
(866) 697-5750

Received by Plan:
By _____
Date