

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 for the \$2,000 Lump-Sum Death Benefit for** **Independently Vested Retired Members only**

Member: _____ **Pension Account Number:** _____

If you meet certain qualifications, the person that you designate below, if any, will receive a lump-sum death benefit upon your death as described in the Summary Plan Description. This designation supersedes any previous designation of a beneficiary for any lump-sum death benefit that you may have provided.

You may designate any person as this beneficiary, regardless of your marital status. However, if you are married upon 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 do not complete the beneficiary designation below and sign this form and return it to the Trust Office, upon your death any lump-sum death benefit will automatically be paid in the order of priority established in the Plan, currently Section 11.3.

I designate as my first beneficiary:

Please list more than one beneficiary

Name _____ Social Security Number _____
Address _____
_____ Relationship _____
Phone _____ Cell Phone _____

I designate as my second beneficiary:

Name _____ Social Security Number _____
Address _____
_____ Relationship _____
Phone _____ Cell Phone _____

I designate as my third beneficiary:

Name _____ Social Security Number _____
Address _____
_____ Relationship _____
Phone _____ Cell Phone _____

Member's 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