

AGC-INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 VACATION TRUST FUND

Beneficiary Designation Form

All parts of the beneficiary designation form must be completed

PARTICIPANT INFORMATION

Name (Last, First, Middle Initial)				Social Security Number
Mailing Address	City	State	Zip Code	Telephone Number with Area Code

BENEFICIARY DESIGNATION

Name of Primary Beneficiary (Last, First, Middle Initial)		Social Security Number		Birth Date
Mailing Address	City	State	Zip Code	
Name of Beneficiary if Primary Beneficiary Deceased upon Participant's Death (Last, First, Middle Initial)		Social Security Number		Birth Date
Mailing Address	City	State	Zip Code	

This beneficiary designation supersedes all previous designations, but I understand that if I designate a different beneficiary on a form supplied by the credit union where my vacation benefits are deposited, then the beneficiary designation on this form will control only to the extent that the Trust holds funds that have not been deposited in my credit union account. I understand that if I designate my spouse (or a person who subsequently becomes my spouse) as my beneficiary and then my spouse and I divorce, my designation of my former spouse will be invalid as of the date of the divorce, except to the extent that a court order otherwise provides.

I understand that the terms, provisions, and limitations of the Plan, including any amendments, shall always govern (1) my right to a Plan benefit, (2) my designation of a beneficiary, and (3) the rights of any such designated beneficiary and all such persons claiming through me or them.

SIGNATURE (Must be signed by Participant and should be dated for beneficiary designations to be valid)

DATE

