

IUOE LOCAL 57 ANNUITY FUND
857 CENTRAL AVENUE
JOHNSTON, RI 02919
TEL: (401) 331-9191 FAX: (401) 764-0015

ANNUITY BENEFICIARY DESIGNATION

Section 1:

PARTICIPANT'S INFORMATION: (Please print clearly)

Participant's Name: _____

Date of Birth: _____

Social Security No: _____

Contact Telephone No: _____

Address: (Street, City, State, and Zip Code) _____

Marital status (please check one):

Single
I hereby swear that I do not have a current legal spouse and/or am not legally married at this time. I further acknowledge that if I do marry subsequent to filing this form and have been married for one (1) year at the time of my death, my Annuity Fund balance will be paid to my spouse. I understand that I may designate one or more beneficiary(ies) only with the consent of my spouse.
Proceed to - Section 3b & 3c

Married
I hereby swear that the person designated as the "Sole" Beneficiary on this form is my current legal spouse.
Proceed to - Section 3a & 3c

Married (w/consent)
I hereby swear that the person whose name is signed on the provided statement Spousal Consent To Beneficiary Designation (refer to Section 2) is my current legal spouse. I understand that I may designate one or more beneficiary(ies) only with the consent of my spouse.
Proceed to - Section 2, 3b & 3c

Section 2:

SPOUSAL CONSENT TO BENEFICIARY DESIGNATION: (If you and your spouse agree to name someone other than your spouse as your designated Beneficiary(ies), your spouse must complete the section below. Additionally, the spouse's signature for this consent must be witnessed by a Notary Public or by a Fund Office Employee.)

Spouse: _____

Social Security No: _____

I hereby acknowledge that I am the current legal spouse of the participant identified above, and I hereby consent to the payment of my spouse's death benefit to be the beneficiary(ies) determined on the Beneficiary Designation Form and consent to the payment of such benefit according to any method of payment the beneficiary(ies) elects under the Plan. Any change in a designated beneficiary will require my consent. I understand that (1) as a result of my consent, I am forgoing benefits I would be entitled to receive upon my spouse's death prior to retirement; (2) I do not have to consent to my spouse's waiver of the payment of his/her death benefit to me, and my spouse's waiver is not valid without my consent; (3) I have the right to limit this consent to a specific form of benefit payment to the beneficiary(ies), but I am voluntarily relinquishing this right; and (4) this consent is irrevocable. I hereby make this consent freely and without any duress or undue influence by any party. I understand that I have the right to seek independent advice and counsel with respect to this consent.

Participant's Spouse Signature: _____

Date: (Mo/Day/Yr) _____

In the State of _____, County of _____ On this _____ day of _____, in the year _____, before me personally appeared _____, known to me and/or proved to me through identification to be the person whose name is signed on the Spousal Consent to Beneficiary Designation Form, and acknowledged to me that he/she signed it voluntarily for its stated purpose. IN WITNESS WHEREOF, I have hereunto set my hand to acknowledge the execution of this document.

Notary Public Signature: _____

Commission Expiration Date: (Mo/Day/Yr) _____

or _____

Fund Office Employee Signature: _____

Title: _____

Section 3:

BENEFICIARY DESIGNATION: (Please review the following beneficiary information below)

This designation applies to your Annuity. Designations are not valid unless signed, dated and delivered to the Local 57 Health & Welfare Fund Office during your lifetime. Further, your designation revokes all prior designations.

A participant is required to name his/her current legal spouse as the sole beneficiary of the Annuity Fund unless his/her current legal spouse provides the signed, written consent form, required and provided herewith. To acknowledge and waive this right refer to the Spousal Consent to Beneficiary Designation (provided in Section 2 of this form). The sole beneficiary will receive 100% of the total value of the participant's individual account under the Local 57 Annuity Fund.

* Benefits are only payable to a "contingent" beneficiary if you are not survived by the sole or one or more primary beneficiary(ies). If you name two or more beneficiaries in a class, two or more surviving beneficiaries will share equally. If only one beneficiary in a class survives, we will pay the total value of the Annuity Fund benefits to that beneficiary.

If a minor (a person not of legal age), or your estate, is the beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the beneficiary is a trust or trustee, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a beneficiary designation. If you have any questions, consult your legal advisor.

Section 3a:

Name of "Sole" Beneficiary:	Address: (Street, City, State, and Zip Code)	Social Security No:	Date of Birth:	Relationship
				Current Legal Spouse

Section 3b:

Name of "Primary" Beneficiary(ies):	Address: (Street, City, State, and Zip Code)	Social Security No:	Date of Birth:	Relationship

Section 3c:

Name of "Contingent" Beneficiary(ies):	Address: (Street, City, State, and Zip Code)	Social Security No:	Date of Birth:	Relationship

Note: To designate additional beneficiaries, please attach a separate sheet listing the name, address, social security number, date of birth, and relationship for each additional beneficiary. Also, please identify the beneficiary as "primary" or "contingent".

Additional Sheet Included: Yes or No

Participant's Signature: _____

Date: (Mo/Day/Yr) _____