

MIDWEST OPERATING ENGINEERS PENSION PLAN**BENEFICIARY DESIGNATION – RETIREE MEDICAL SAVINGS PLAN (RMSP)****PAGE 1 OF 2**

Participant's Name: _____ Last 4 of Social Security #: _____

Designating a beneficiary ensures that your benefits are distributed according to your wishes in the event of your death. You may designate one or more beneficiaries. Primary/contingent beneficiary(ies) may be a spouse, children (natural/step/adopted), or any other dependents for which you are the named legal guardian. You must assign a percentage to each primary designated beneficiary(ies), and the total of all percentages must equal 100%.

All required information must be provided for each beneficiary. If a beneficiary has not been designated or all primary/contingent beneficiary(ies) have died prior to the member's death, any benefits payable shall be paid according to the RMSP plan rules (please refer to your Summary Plan Description.)

PRIMARY BENEFICIARY(IES) (If designating a Trust, please provide the name and date)			
Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:
Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:
Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:

Members may designate contingent beneficiary(ies) which will be the recipient of the member's individual RMSP account if there are no surviving primary beneficiary(ies). You must assign a percentage to each contingent beneficiary, and the total of all percentages must equal 100%

CONTINGENT BENEFICIARY(IES) (Used only if primary beneficiary(ies) predeceases the participant)			
Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:

MIDWEST OPERATING ENGINEERS PENSION PLAN

BENEFICIARY DESIGNATION – RETIREE MEDICAL SAVINGS PLAN (RMSP)

CONTINGENT BENEFICIARY(IES) CONTINUED

Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:
Name:		Social Security Number:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Relationship:		Percentage:

It is the member's responsibility to keep their beneficiary designation and the beneficiary's address up to date. Beneficiary designations can be changed at any time by submitting a new form to the Fund Office. To request this form, please contact the Retirement Services Group at 708-579-6630.

In the event of my death, I hereby designate the individuals on this form as my primary/contingent beneficiary(ies) of the Retiree Welfare Plan Individual Retiree Medical Savings Plan (RMSP).

Participant's Signature

Date