LOCAL 150 IUOE VACATION SAVINGS PLAN

BENEFICIARY DESIGNATION FORM

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 person, trust, estate, or legal entity. 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(ies). If no beneficiary(ies) has been designated, your Vacation Savings benefit will be distributed in accordance with the Vacation Savings Summary Plan Document—to your surviving spouse, child(ren), parent(s), sibling(s), or your estate.

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:

You may designate contingent beneficiary(ies) which will be the recipient of your Vacation Savings benefit if there are no surviving primary beneficiary(ies). You must assign a percentage to each contingent beneficiary(ies), 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:

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. Please return completed forms to the Vacation Savings Department, 6150 Joliet Rd. Countryside, IL 60525. Beneficiary designations can be changed at any time by submitting a new form to the Fund Office. To request an additional form, please contact the Vacation Savings Department at 708-937-1741.

In the event of my death, I hereby designate the individuals on this form as my primary/contingent beneficiary(ies) for my Vacation Savings benefit.

Participant's Signature Date