



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

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JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

MIDWEST OPERATING ENGINEERS WELFARE FUND

ACTIVE EMPLOYEE DEATH BENEFIT BENEFICIARY DESIGNATION
(For Basic Group Life Insurance Policy #402822)

Section A – Member Information (Please Print)

Last Name First Name Middle Initial

Street Address City State Zip Code

Social Security Number Birth Date Phone Number (Home Cell Work) Email Address

Section B – Primary Beneficiary Designation (Please Print) – Total percentage must equal 100%

Members may designate a primary beneficiary(ies) which will be the recipient of the Active Employee Death Benefit upon the member's death. The member must specify the percentage (%) assigned to each primary beneficiary and the total percentages must equal 100%. A primary/contingent beneficiary may include a person, trust, estate or other legal entity. The beneficiary designation will become effective on the date the form is received by the Fringe Benefit Fund Office. Beneficiary designations may be changed at any time by filing a new form with the Fringe Benefit Fund Office. The form is available by calling 708-482-7300 or you can download the form from our website, www.moefunds.com.

If a primary/contingent beneficiary has not been designated or if they die prior to the member's death, any benefits payable shall be paid according to the Health & Welfare Plan rules (please refer to your Summary Plan Description).

Last Name First Name Middle Initial

Street Address City State Zip Code

Social Security Number Birth Date Phone Number (Home Cell Work) Relationship Percentage

Last Name First Name Middle Initial

Street Address City State Zip Code

Social Security Number Birth Date Phone Number (Home Cell Work) Relationship Percentage

| | | | | |
|------------------------|------------|---|-------|----------------|
| Last Name | | First Name | | Middle Initial |
| Street Address | | City | State | Zip Code |
| Social Security Number | Birth Date | Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work) | | Relationship |
| | | | | Percentage |

Section C – Contingent Beneficiary Designation (Please Print) – Total percentage must equal 100%
 Members may designate a contingent beneficiary(ies) which will be the recipient of the Active Employee Death Benefit if there are no surviving primary beneficiary(ies). The member must specify the percentage (%) assigned to each contingent beneficiary and the total percentages must equal 100%.

| | | | | |
|------------------------|------------|---|-------|----------------|
| Last Name | | First Name | | Middle Initial |
| Street Address | | City | State | Zip Code |
| Social Security Number | Birth Date | Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work) | | Relationship |
| | | | | Percentage |

| | | | | |
|------------------------|------------|---|-------|----------------|
| Last Name | | First Name | | Middle Initial |
| Street Address | | City | State | Zip Code |
| Social Security Number | Birth Date | Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work) | | Relationship |
| | | | | Percentage |

| | | | | |
|------------------------|------------|---|-------|----------------|
| Last Name | | First Name | | Middle Initial |
| Street Address | | City | State | Zip Code |
| Social Security Number | Birth Date | Phone Number (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work) | | Relationship |
| | | | | Percentage |

Section D – Member Confirmation (Please Read Carefully)

In the event of my death, I hereby designate the individuals on this form as my primary/contingent beneficiary(ies) of my Welfare Fund Active Employee Death Benefit. I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary(ies); subject to any statutory restrictions.

The designation of primary/contingent beneficiary(ies) on this form supersedes all prior primary/contingent beneficiary designations I have made. I understand that it is my responsibility to keep my beneficiary designation information and address up to date.

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|--------------------|------|
| Member's Signature | Date |
|--------------------|------|