

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO. 478
ANNUITY PLAN

BENEFICIARY DESIGNATION FORM
FOR UNMARRIED PARTICIPANTS

Instructions:

This form is designed for *unmarried participants*. If you are married, your spouse is automatically your designated beneficiary, however, if you wish to name someone other than your spouse, contact the Fund Office to request the appropriate form. Please advise your designated beneficiary(ies) that death benefit payments to non-spouses must begin by the December 31st of the calendar year immediately following the calendar year in which you die, and the entire amount must be paid over a period not extending beyond the life or life expectancy of beneficiary(ies).

You must complete Sections I, II & III (if applicable) and have this form notarized. The Plan encourages you to consult with your tax or estate planning adviser before completing this form.

I. PARTICIPANT INFORMATION (Please type or print)

Name :			
Social Security No.:			
Address:	City:	State:	Zip:

II. BENEFICIARY DESIGNATION

I hereby designate the following individual(s) as my beneficiary(ies) to receive the value of the balance of all of my Annuity Fund accounts, in equal shares unless I designate different percentages below, if I die before or after I retire:

Name :		Relationship:	
Social Security No.:	Date of Birth:	Percentage of account balance:	
Address:	City:	State:	Zip:

Name :		Relationship:	
Social Security No.:	Date of Birth:	Percentage of account balance:	
Address:	City:	State:	Zip:

Name :		Relationship:	
Social Security No.:	Date of Birth:	Percentage of account balance:	
Address:	City:	State:	Zip:

Name :		Relationship:	
Social Security No.:	Date of Birth:	Percentage of account balance:	
Address:	City:	State:	Zip:



Name :		Relationship:		
Social Security No.:	Date of Birth:	Percentage of account balance:		
Address:	City:	State:	Zip:	

III. If you are naming someone who is younger than age 18 now, you must complete this section:

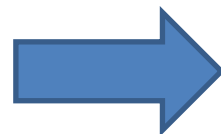
If any of my beneficiaries is younger than 18 at the time s/he becomes entitled to a death benefit, then I designate the following adult to establish a bank account under the Uniform Transfers to Minors Act (UTMA) in effect in CT in the name of each minor beneficiary to receive funds on behalf of my minor beneficiary(ies) and to hold and distribute those funds under the UTMA.

Name of minor beneficiary:		Relationship to minor:		
Name of designated adult:		Relationship to minor:		
Adult's Social Security No.:	Adult's Date of Birth:			
Note: UTMA account will be opened using minor beneficiary's SSN				
Address of adult:	City:	State:	Zip:	

Name of minor beneficiary:		Relationship to minor:		
Name of designated adult:		Relationship to minor:		
Adult's Social Security No.:	Adult's Date of Birth:			
Note: UTMA account will be opened using minor beneficiary's SSN				
Address of adult:	City:	State:	Zip:	

Name of minor beneficiary:		Relationship to minor:		
Name of designated adult:		Relationship to minor:		
Adult's Social Security No.:	Adult's Date of Birth:			
Note: UTMA account will be opened using minor beneficiary's SSN				
Address of adult:	City:	State:	Zip:	

ADDITIONAL INFORMATION I understand that if I die before receiving any payments from the Fund and my total account balance exceeds \$5,000, each of my beneficiaries will have the separate option of receiving the value of my account in a lump sum payment or installments. I also understand that if I die before receiving any payments from the Fund and my total account balance is \$5,000 or less, my beneficiary(ies) will receive that amount in a lump sum payment only. Finally, I understand that if I begin receiving installment payments from the Fund and die prior to receiving all of the installments, my beneficiary(ies) will receive the value of the unpaid installments in a lump sum payment.



CERTIFICATION I hereby certify and represent to the Plan that I am not married. I will notify the Fund Office immediately if I marry and I recognize that this form will be null and void as of the date of my marriage.

Member's: Signature	Date:
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Notary Acknowledgement of Participant's signature

State of _____

County of _____ ss. _____ (Town/City)

On this ____ day of _____, 20__, before me, _____, the undersigned
(*print Notary's name*)

officer, personally appeared _____ (*print unmarried Participant's name*)
known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand.

Signature of Notary Public
Date Commission Expires: _____

Affix Seal (*required*)