

IUOE LOCAL 825 PROFIT SHARING FUND BENEFICIARY DESIGNATION

65 Springfield Avenue, Second Floor
Springfield, NJ 07081/973-671-6800



This form is for use in designating who will receive your profit sharing account in the event of your death prior to distribution of your entire vested interest in your account. Should you make a mistake in completing this form, either complete a new form or initial the information that was changed. Altered forms cannot be accepted.

You must sign and date this form for your designation to be valid. The designations you make on this form replace any prior beneficiary designations.

You may designate more than one primary and contingent beneficiary. If you do, payment will be made in equal amounts to your beneficiaries, unless you specify the percentage share each should receive. If you need more space, attach another sheet to this form. Your account will be paid to your contingent beneficiary(ies) if no primary beneficiary(ies) are living at the time of your death.

If you are married, federal law guarantees your spouse the right to receive at least 50 percent of your vested account balance. If you are married and designate someone other than your spouse as a primary beneficiary, only 50 percent of your account will be paid to your beneficiary, assuming your spouse is alive at the time of your death. If you first perform an hour of service under the Profit Sharing Plan prior to July 1, 2012, your spouse may waive the guaranteed 50 percent share of your account in accordance with the rules of the Profit Sharing Plan.

A beneficiary designation becomes effective once the Profit Sharing Fund receives a form at the above address. If you are married and do not designate a beneficiary or no beneficiary survives you, your spouse shall be deemed your beneficiary for your entire account. If you are unmarried and do not designate a beneficiary or no beneficiary survives you, your deemed beneficiary shall be your estate.

Member Name (please print) _____

Social Security No. _____ **Telephone** _____

Address _____

Primary Beneficiary

Name (please print) _____ **Relationship** _____

Address _____

Beneficiary's Social Security No. _____ **Beneficiary's birth date** _____

Percentage Share of Account _____ %

Contingent Beneficiary

Name (please print) _____ **Relationship** _____

Address _____

Beneficiary's Social Security No. _____ **Beneficiary's birth date** _____

Percentage Share of Account _____ %

Member's Signature

Date