

Appointment of Pension Beneficiary

Name of Member	S.I.N.
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1. At the date of this declaration, do you have a legal spouse? A spouse is defined as a person married to the Member, Former Member, Qualified Former Member, or Disabled Member and was not living separate and apart from that other person for three or more consecutive years.

<input type="checkbox"/> Yes – Please continue to Question 2	<input type="checkbox"/> No – Please continue to Question 3
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2. Has your spouse submitted a statement to the Administrator of the Plan waiving his/her right as spouse to your Operating Engineers Local 955 Pension Plan?

<input type="checkbox"/> Yes – Please continue to <u>Section B only.</u>	<input type="checkbox"/> No – Please continue to <u>Section A only.</u>
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3. Have you been living in a conjugal (common law) relationship for a continuous period of at least three (3) years?

<input type="checkbox"/> Yes – Please continue to <u>Section A only.</u>	<input type="checkbox"/> No – Please continue to Question 4
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4. Have you been living in a conjugal (common law) relationship of less than three years, but of some permanence with a child of the relationship by birth or adoption?

<input type="checkbox"/> Yes – Please continue to <u>Section A only.</u>	<input type="checkbox"/> No – Please continue to <u>Section B only.</u>
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Section A

Name of Spouse (Please print): _____ Date of Birth (***DD/MM/YYYY***): _____

I hereby certify that as of this date, the above mentioned person is my spouse for the purpose of determining my pension beneficiary and calculating my pension benefit.

Section B

Name of Beneficiary 1 (Please Print): _____ Relationship to Member: _____

Name of Beneficiary 2 (Please Print): _____ Relationship to Member: _____

I hereby certify that as of this date, I do not have a spouse. I understand that I have the right to change my beneficiary upon completion of an Appointment of Pension Beneficiary and my appointment shall automatically revoke any previous appointments that I have made.

By signing below, I acknowledge that I understand that if I die before commencement of my pension benefit, certain death benefits from the Plan become payable to my spouse or if I do not have an eligible spouse, my pension beneficiary. I further understand that if my spouse or pension beneficiary should predecease me and no other pension beneficiary has been appointed, any payment or payments to the extent permitted by law shall be made to my estate. I understand that any death benefits payable on my death after commencement of my pension benefit are payable in accordance with the form of pension I elect at my retirement date.

I understand that it is my responsibility to advise the Administrator in writing of any changes in respect of my spousal status and to complete a new Appointment of Pension Beneficiary form.

Signature of Member	Date
Signature of Witness	Name of Witness
(Must Not Be Beneficiary)	(Please Print)