

## CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS & PARTICIPATING EMPLOYERS

4115 Chesapeake Street, NW, Washington, DC 20016 Tel:(202) 362-1000;Fax (202) 364-2913

## DESIGNATION OF BENEFICIARY ALTERNATE PAYEE

Your Name:				Social Security Number	
Street Address:				Date of Birth	
City: State:		Zip:		Phone Number:	
Participant's Name:		Participant's SSN		Participant's CPF ID#.	
Marital Status Single  If you wish to designate more the please check the item marked address, date of birth and SSN entity, i.e. Trust or Estate, as a adequately identifies such entity.  Multiple Beneficiaries No	multiple benefi ) on an attache beneficiary mu / and an autho	iciary (for exam ciaries" below a ed sheet.Anyone ust supply the F	ple, two chi nd then add wishing to Fund office vative of that	d the additional names (includin designate an institution or with documentation that entity, e.g. Trustee or Executo	
Name of Beneficiary:			Rela	Relationship	
Street Address:			Date	Date of Birth	
City:	State:	Zip:	Soc	ial Security No.:	
	<u> </u>		l	(Must have in order to process)	
I hereby revoke all previous on beneficiary with respect to an to the Board of Trustees that	ny and all prod	ceeds which m	ay be due	at my death. I further certify	
Signature Date			·		

File Name: Designation of Beneficiary/Alternate Payee

Revision: 02

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