

# Local 4 International Union of OPERATING ENGINEERS



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## DESIGNATION OF BENEFICIARY

### LOCAL 4 DEATH BENEFIT

I, \_\_\_\_\_ Register No. \_\_\_\_\_ herewith designate

#### Primary Beneficiary

#### Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

as my Beneficiary in the Local 4 Sick Fund Death Benefit Funds. It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me.

If more than one Primary Beneficiary is named, benefits will be shared and shared alike. Please use additional sheets.

#### Contingent Beneficiary

#### Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

The Contingent Beneficiary receives benefits **only** in the event of the death of the Primary Beneficiary. If more than one Contingent Beneficiary is named, please use additional sheets, and indicate order in which benefits are to be paid by placing number 1, 2 or 3 etc. beside names, or state if all Contingent Beneficiaries are to share and share alike.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

