

BENEFICIARY DESIGNATION FORM

Please print in ink and mail or fax to the Administrative Office listed below.

South Central Annuity Fund

Administrative Office

8441 Gulf Freeway Suite 304 * Houston, TX 77017

Telephone 713-643-9300 + Toll Free 866-236-3148 + FAX 866-316-4794

Name of Participant	Social Security Number	Date of Birth	
Address	City/ State/ Zip	Apt/Unit No.	
Marital Status G Never Married G Divorced G Widowed G Married	Telephone	Member of Local Union No.	
Name of Spouse	Date Married	Spouse=s Social Security Number	Spouse=s Date of Birth

PRIMARY BENEFICIARY DESIGNATION

Subject to the terms of the IUOE South Central Annuity Fund, I request that any sum payable to a beneficiary under said Plan by reason of my death be payable to the following primary beneficiary. It is my understanding and desire that this designation shall operate so as to revoke any and all designations of beneficiaries previously made by me under said Plan.

** Name of Primary Beneficiary	Social Security Number	Date of Birth
Address	City/ State/ Zip	Apt/Unit No.

(Give full name of beneficiary - ie. Mary J. Smith, not Mrs. John Smith)

CONTINGENT BENEFICIARY DESIGNATION

In the event the Primary Beneficiary predeceases me, subject to the terms of the Plan, I request that any sum payable under said Plan by reason of my death be payable to the following contingent beneficiary. If more than one contingent beneficiary is named, the beneficiaries shall share equally unless another distribution scheme is specified. If any of the contingent beneficiaries named below predecease me, such beneficiary=s share shall be payable to the remaining designated beneficiary or beneficiaries, if any, who survive.

1) Name of Contingent Beneficiary	Social Security Number	Date of Birth
Address	City/ State/ Zip	Apt/Unit No.
2) Name of Contingent Beneficiary	Social Security Number	Date of Birth
Address	City/ State/ Zip	Apt/Unit No.
3) Name of Contingent Beneficiary	Social Security Number	Date of Birth
Address	City/ State/ Zip	Apt/Unit No.

PARTICIPANT=S CERTIFICATION

I hereby certify that the Beneficiary Designation(s) and Data are true and correct and shall operate so as to revoke any and all designations previously made.

Date Signed: _____

Participant=s _____

Signature _____

Note: If you are married and designated a non-spouse Primary Beneficiary, your spouse must complete and sign the Consent below. The spouse=s signature must be notarized.

SPOUSAL CONSENT

I am the spouse of the participant and I hereby consent to the participant=s beneficiary designation(s) set forth above.

Spouse=s _____

Signature _____

Subscribed and sworn to me this ____ day of _____ 20 ____
In and for the County of _____ State of _____

(seal or stamp)

Notary Public=s Signature _____

My commission expires: _____