

# IUOE LOCAL 825 PROFIT SHARING FUND BENEFICIARY DESIGNATION

65 Springfield Avenue, Second Floor  
Springfield, NJ 07081 | (973) 671-6800



This form designates who will receive the balance of 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.

If you are married, federal law guarantees your spouse the right to receive at least 50 percent of your vested account balance. If you first perform an hour of service under the Profit Sharing Plan prior to July 1, 2012, only then may your spouse waive the guaranteed 50 percent share of your account in accordance with the rules of the Profit Sharing Plan. Otherwise, if you are married, your spouse may not waive his or her 50 percent share of your account, and any individual other than your spouse designated as a primary beneficiary will only be entitled to the 50 percent of your account not payable to your spouse, assuming your spouse is alive at the time of your death.

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 designate more than one primary beneficiary, the percentage share each should receive should add up to 100%. Likewise, if you designate more than one contingent beneficiary, the percentage share each should receive should add up to 100%. 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) is living at the time of your death. If your primary beneficiary(ies) dies after becoming entitled to benefits but before full distribution of benefits, your contingent beneficiary(ies) will receive the balance of any benefit due, unless no contingent beneficiary(ies) is living, in which case the estate of your primary beneficiary(ies) will receive the balance of any benefit due.

A beneficiary designation becomes effective once the Profit Sharing Fund receives a form at the above address. The most recently received beneficiary designation form on file at the time of your death will control. 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.

Please designate your beneficiary(ies) on the back of this form and submit to the Funds Office address noted above. We recommend you make a photocopy of this completed form for your records.

Participant's Name (please print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email Address \_\_\_\_\_

**Primary Profit Sharing Fund Beneficiary**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Beneficiary's Social Security No. \_\_\_\_\_ Beneficiary's Birth Date \_\_\_\_\_  
Percentage Share of Account \_\_\_\_\_%

**Primary Profit Sharing Fund Beneficiary**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Beneficiary's Social Security No. \_\_\_\_\_ Beneficiary's Birth Date \_\_\_\_\_  
Percentage Share of Account \_\_\_\_\_%

Attach additional sheet if needed to provide further primary beneficiary information.

**Contingent Profit Sharing Fund Beneficiary**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Beneficiary's Social Security No. \_\_\_\_\_ Beneficiary's Birth Date \_\_\_\_\_  
Percentage Share of Account \_\_\_\_\_%

**Contingent Profit Sharing Fund Beneficiary**

Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Beneficiary's Social Security No. \_\_\_\_\_ Beneficiary's Birth Date \_\_\_\_\_  
Percentage Share of Account \_\_\_\_\_%

Attach additional sheet if needed to provide further contingent beneficiary information.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date