

**INTERNATIONAL UNION OF OPERATING ENGINEERS
LOCAL NO. 98 BENEFIT FUNDS**

TWO CENTER SQUARE, P.O. BOX 217, EAST LONGMEADOW, MASSACHUSETTS 01028-0217
TELEPHONE: (413) 525-4221 • FAX: (413) 525-7553 • E-MAIL: BENEFITS@LOCAL98.ORG



HEALTH & WELFARE FUND
PENSION FUND
ANNUITY FUND
J L M-COOPERATIVE TRUST

MICHELLE SCHWEITZER
Fund Administrator



APPOINTMENT OF PERSONAL REPRESENTATIVE

Name and address of participant (dependent) appointing personal representative:

Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
SS #: _____ Date of Birth: _____
Telephone Number: _____

I hereby designate the following person as my personal representative:

Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
SS #: _____ Date of Birth: _____
Telephone Number: _____

Relationship of personal representative to participant(dependent) making the appointment: _____

_____ I hereby authorize the above named personal representative to act for me in receiving **any** protected information that maybe provided to me as a participant or beneficiary of the Plan. The above-named individual is authorized to receive all information concerning me. There are no restrictions on the type of information that may be received by my personal representative.

OR

_____ I hereby restrict the scope of my personal representative's authority and access to my information. I hereby authorize my personal representative to act for me only in the following capacity:

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PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

- 1) I understand that this appointment is voluntary and I have the right to refuse to grant this appointment. Initial: _____

- 2) I understand that this appointment may be revoked at any time by notifying the Fund Office in writing. The revocation is only effective after it is received by the Fund Office and it will not affect any actions or disclosures by the Fund Office based on this form and prior to receipt of the revocation. Initial: _____

- 3) I understand that this appointment is of unlimited duration. Initial: _____

OR

This appointment will expire on: _____ . Initial: _____

Signature: _____ Date: _____
Participant

Notary Public Date Commission Expires

Notary Stamp or Seal