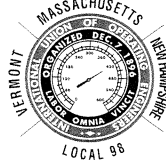


# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

40 Hudson Drive, P.O. Box 1290, Southwick, MA 01077  
Telephone: (413) 998-3230 • Fax: (413) 998-3249

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



KARA A. RICHOTTE  
Fund Administrator



## APPOINTMENT OF PERSONAL REPRESENTATIVE

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

I hereby designate the following person as my personal representative:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship to participant(dependent): \_\_\_\_\_

\_\_\_\_\_ 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**

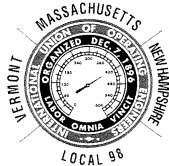
\_\_\_\_\_ I hereby restrict the scope of my personal representative's authority and access to my information. I hereby authorize my personal representative to act for me only in the following capacity:

\_\_\_\_\_  
\_\_\_\_\_

# INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

40 Hudson Drive, P.O. Box 1290, Southwick, MA 01077  
Telephone: (413) 998-3230 • Fax: (413) 998-3249

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



KARA A. RICHOTTE  
Fund Administrator



## PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

- 1) Initial: \_\_\_\_\_ I understand that this appointment is voluntary, and I have the right to refuse to grant this appointment.
  
- 2) Initial: \_\_\_\_\_ 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.
  
- 3) Initial: \_\_\_\_\_ I understand that this appointment is of unlimited duration.

OR

Initial: \_\_\_\_\_ This appointment will expire on: \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant Signature (Dependent Signature)

### Notary Public Certification

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

\_\_\_\_\_  
Notary Public Signature