

**ANNUITY FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
Local Unions 138, 138A, 138B & 138C
Gazza Boulevard, P.O. Box 206 Farmingdale, New York 11735-0206
Phone (631) 694-2478 Fax (631) 694-6932
CHANGE OF MONTHLY ANNUITY BENEFIT**

My name is: _____

Social Security Number: _____

My address is: _____

Phone Number: _____

Spouses name: _____

Social Security Number: _____

This will authorize the annuity fund to change my monthly annuity benefit from \$_____ less \$_____ withholding tax to \$_____ less \$_____ withholding tax as of the month of _____ 2008.

By executing this document, I hereby consent to the election of change by my spouse pertaining to his monthly benefit distribution:

Date _____ Signature _____

Date _____ Signature of Spouse _____

Signature must be notarized:
STATE OF: NEW YORK
COUNTY OF: SUFFOLK

BEFORE ME, the undersigned authority, a Notary Public in for said County and State, on this day personally appeared

_____ and _____
known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledges that they have signed said waiver as their free and voluntary act for the uses and proposes therein set forth.
GIVEN UNDER MY HAND AND SEAL THIS _____ day of _____ 200__

Notary Public in and for _____

County, State of _____