

**IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST**

**1470 Worldwide Place • Vandalia, Ohio 45377**

**Phone (937) 454-1744 • FAX (937) 454-5457**

**Toll Free: (800) 331-4277**

**APPOINTMENT OF PERSONAL REPRESENTATIVE**

I, \_\_\_\_\_ [Name of Participant or Beneficiary]

Mailing address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Hereby designate: \_\_\_\_\_ [Name of Authorized Representative]

Last four digits of the Authorized Representative Social Security Number \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Participant or Beneficiary \_\_\_\_\_ to act on my behalf or on behalf of:  
\_\_\_\_\_ [Name of Dependent(s)]

I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving the following protected health information to conduct the following functions on my behalf:

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

I understand that this designation is subject to approval by the Trust. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

I certify that I have reviewed the Trust's Policy for Recognition of Personal Representative.

\_\_\_\_\_  
Participant or Beneficiaries' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*MUST BE NOTORIZED\*\*\*\*\*

NOTARY SIGNATURE AND AFFIX SEAL: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTARY PRINTED NAME: \_\_\_\_\_

NOTARY PUBLIC, STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_, 20\_\_\_\_.