

## CONTACT INFORMATION FORM

International Union of Operating Engineers Local Union No. 94, 94A, 94B AFL-CIO and the  
International Union of Operating Engineers Local 94, 94A, 94B AFL-CIO Affiliated Funds  
331-337 West 44<sup>th</sup> Street, New York, New York 10036  
Phone (212) 331-1800 • Fax (212) 245-7886

**ALL FIELDS** must be completed and the form must be signed with an effective date, otherwise this form will not be accepted. This authorization can be returned by mail or fax.

<b>MEMBER INFORMATION (Please print clearly)</b>			
LAST NAME	FIRST NAME	M.I.	
		/ /	
SOCIAL SECURITY #	AND/OR	UNION REGISTER #	DATE OF BIRTH

<b>CONTACT INFORMATION (Please print clearly)</b>			
ADDRESS: _____			
STREET (INCLUDE APT. #)	CITY	STATE	ZIP CODE
PHONE NUMBERS-INCLUDE AREA CODE FOR ALL NUMBERS:			
_____ <input type="checkbox"/> Not Available	_____ <input type="checkbox"/> Not Available	_____ <input type="checkbox"/> Not Available	_____ <input type="checkbox"/> Not Available
HOME NUMBER	MOBILE NUMBER*	WORK NUMBER	
E-MAIL ADDRESS(ES)			
_____ <input type="checkbox"/> Not Available	_____ <input type="checkbox"/> Not Available		
PERSONAL E-MAIL**	WORK E-MAIL		

### TEXT MESSAGE AUTHORIZATION

**Do you consent to receive text messages from:**

- |  |  |
|--|--|
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO (Union)?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Health and Benefit Fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B AFL-CIO Training Fund?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A Scholarship Fund?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • I.U.O.E. Local 94, 94A, 94B Political Action Committee       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\* By signing this form, you represent that you are the mobile phone subscriber or customary user with respect to the mobile phone number provided and that you have the authority to provide consent. If you consent to receiving text messages from any of the above entities, you will receive text messages at the mobile phone number provided above. You understand that if your mobile phone number changes, you must inform the Union and the Funds. You agree to indemnify, defend and hold the Union and the Funds harmless from and against any and all claims, losses, liability, cost and expenses (including reasonable attorneys' fee) arising from your provision of a mobile phone number that is not your own. Please note that depending on your mobile service plan, message and data rates may be assessed by your mobile provider.

\*\* This email will be used to communicate with you regarding the IUOE Local 94 Member Portal.

By acknowledging and signing this consent form, you are granting permission to the above selected entities (I.U.O.E. Local 94, 94A, 94B AFL-CIO, the I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund, Health and Benefit Fund, Training Fund, Scholarship Fund, and/or Political Action Committee) to contact you on the mobile phone number listed above. Additionally, by completing this form, I understand the information in this form will be effective as of the date indicated and replace the information currently on file with the I.U.O.E. Local 94, 94A, 94B AFL-CIO (Union), the I.U.O.E. Local 94, 94A, 94B AFL-CIO Annuity Fund, Health and Benefit Fund, Training Fund, Scholarship Fund, and Political Action Committee. Any updated demographic information provided will also be transmitted to the Central Pension Fund for their records.

MEMBER/PARTICIPANT SIGNATURE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_