



THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST

BENEFICIARY DESIGNATION FORM FOR NON-RETIRED PARTICIPANTS

Participant's Name _____
Type or print in ink *First* *M.I.* *Last*

Participant's Social Security Number _____ - _____ - _____

Mailing Address _____
Street Address

City *State* *Zip Code*

Local Union _____ **Phone Number** (_____) _____ - _____
Area Code

Check one box only (below); then designate your Plan Beneficiaries on the lines provided. For additional space, use the back of this form.

Pay my death benefits to the first surviving beneficiary named below.

—————OR—————

Pay my death benefits in equal shares to the surviving beneficiaries named below.

1	Name _____ SS# _____ - _____ - _____ Relationship _____
	Address _____ Phone # (_____) _____ - _____
2	Name _____ SS# _____ - _____ - _____ Relationship _____
	Address _____ Phone # (_____) _____ - _____
3	Name _____ SS# _____ - _____ - _____ Relationship _____
	Address _____ Phone # (_____) _____ - _____
4	Name _____ SS# _____ - _____ - _____ Relationship _____
	Address _____ Phone # (_____) _____ - _____
5	Name _____ SS# _____ - _____ - _____ Relationship _____
	Address _____ Phone # (_____) _____ - _____

Participant's Signature _____ **Date** _____

Important Information. As a Plan participant, you may make or change the designation of your Plan Beneficiary at any time. This Beneficiary designation cancels any previous designation you have made. If you fail to make a valid designation of a Plan Beneficiary, or if no validly designated Plan Beneficiary survives you, your Plan Beneficiary will be the survivor(s) in the first surviving class among the following: **1.** Spouse, **2.** Children, **3.** Parents, **4.** Brothers and Sisters, **5.** Estate. To be effective, the designation or change must be made in writing on the proper form and must be received by the Trustees before your death. To ensure that the Trustees receive your beneficiary designation before your death, please return or mail this form to the address below.

For Administrative Office Use

Mail to:
Western Conference of Teamsters
Pension Plan
2323 Eastlake Avenue East
Seattle, WA 98102-3305

Questions? Call Toll-Free

**Northwest/
Rocky Mountain Area**
(800) 531-1489 or
(206) 329-4900

Northern California Area
(800) 845-4162 or
(650) 570-7300

Southwest Area
(866) 648-6878 or
(626) 463-6100