

TEAMSTERS LIFE WITH DUES BENEFIT PLAN

NEW Beneficiary Designation

CHANGE of Beneficiary

Local Union No. _____ Date _____

PRINT Member Name _____

Member Address _____

Soc. Sec. No. _____ Employer _____

In the space provided below, you may designate any person or your estate as your beneficiary.

IF MORE THAN ONE BENEFICIARY IS NAMED, CHECK ONE OF THE TWO BOXES:

I request that any death benefits be paid in equal shares to the beneficiaries listed.

I request that any death benefits be paid to the first beneficiary named below who survives me.

Full Name _____ Sex _____ Relationship _____

Address/Phone _____

Full Name _____ Sex _____ Relationship _____

Address/Phone _____

Full Name _____ Sex _____ Relationship _____

Address/Phone _____

CHECK THIS BOX IF YOU WISH ANY DEATH BENEFITS TO BE PAID **ONLY TO YOUR ESTATE.**
(NO BENEFICIARIES NAMED ABOVE)

Executor / Administrator _____

Address/Phone _____

Member's Signature _____ Date _____

If you designate your spouse as beneficiary but become divorced, the designation as to that spouse only shall be void. You may redesignate that former spouse as beneficiary, relationship – "other".

Any death benefits payable to a minor beneficiary shall be paid to the court appointed guardian/conservator of the minor's estate or to a custodial account for the benefit of the minor beneficiary.

If you fail (or are unable) to make a valid designation of a beneficiary, or if no designated beneficiary survives you, your beneficiary will be the survivor(s) in the first surviving class among the following: (1) surviving spouse; (2) children; (3) parents; (4) brothers and sisters; (5) estate. You may change, or revoke the designation of your beneficiary at any time. To be effective, the designation, change, or revocation must be made in writing on an accepted form and must be received by your local union office before your death. This beneficiary designations cancels any previous designation you have made.

In all instances, the terms and conditions of the Group Policy and the Plan Document will determine your insured benefits and how they are paid, insofar as permitted by law.

UNION USE ONLY

Date scanned _____ Entered into Titan on _____ by _____

Notes _____