



**THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST**  
**BENEFICIARY DESIGNATION FORM FOR RETIREES**

**Participant's Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Type or print in ink*                      *First*                      *M.I.*                      *Last*

Please indicate in the appropriate box below, how you wish any Death Benefits payable under the Western Conference of Teamsters Pension Plan to be paid to your beneficiary(s). In the space provided below, indicate the person or persons you wish to designate as your beneficiary for any death benefits

payable upon your death. You may designate any person or persons, including your estate as your beneficiary. **Important Note:** If you are married and do not name your spouse as your sole beneficiary, your spouse is required to complete the lower portion of this form consenting to your beneficiary designation.

**CHECK ONE:**

I request that any Death Benefits payable under the Western Conference of Teamsters Pension Plan be paid to the first-named surviving beneficiary named below.

**OR**

I request that any Death Benefits payable under the Western Conference of Teamsters Pension Plan be paid in equal shares to the surviving beneficiaries named below.

<b>1</b>	<b>Name</b> _____ <b>SS#</b> _____ - _____ - _____ <b>Relationship</b> _____
	<b>Address</b> _____ <b>Phone #</b> (____) _____ - _____
<b>2</b>	<b>Name</b> _____ <b>SS#</b> _____ - _____ - _____ <b>Relationship</b> _____
	<b>Address</b> _____ <b>Phone #</b> (____) _____ - _____
<b>3</b>	<b>Name</b> _____ <b>SS#</b> _____ - _____ - _____ <b>Relationship</b> _____
	<b>Address</b> _____ <b>Phone #</b> (____) _____ - _____
<b>4</b>	<b>Name</b> _____ <b>SS#</b> _____ - _____ - _____ <b>Relationship</b> _____
	<b>Address</b> _____ <b>Phone #</b> (____) _____ - _____

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The following section must be completed if your pension effective date is after 1991.**

**SPOUSE CONSENT TO BENEFICIARY DESIGNATION**

**To be completed by spouse if not named sole beneficiary**

*Special Note:* If your spouse elected either form of the Employee and Spouse Pension, you will be eligible for that lifetime benefit. This designation does not affect that benefit.

I consent to my spouse's beneficiary(s) as designated above. I understand that I may not be entitled to any death benefits payable under the Western Conference of Teamsters Pension Trust upon my spouse's death.

**Spouse's Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**To be completed by authorized witness or Notary Public**

The spouse's signature above must be witnessed by an authorized employee of the Plan's Area Administrative Offices or a Notary Public before this consent form will be recognized by the Pension Trust. The following statement must be completed by the witness to the spouse's signature.

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me and said person acknowledged that (he/she) signed the above Spouse Consent to Beneficiary Designation and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned above.

**If witnessed by authorized employee of Trust:**

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Must be authorized employee of the Plan's Area Administrative Offices)*

**Print Name of Witness** \_\_\_\_\_ **Administrative Office** \_\_\_\_\_

**If witnessed by Notary Public:**

**State** \_\_\_\_\_ **County of** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

To be effective, this beneficiary designation must be received by the Trustees before your death. To insure that the Trustees receive your beneficiary designation before your death, please return or mail this completed form to the Administrative Office for your area. The addresses of the Trust's Area Administrative Offices are listed below:

<b>Return or Mail to:</b>	<b>Northwest/Rocky Mountain Area</b> 2323 Eastlake Avenue East Seattle, WA 98102-3305 (800) 531-1489 or (206) 329-4900	<b>Northern California Area</b> 355 Gellert Boulevard, Suite 100 Daly City, CA 94015-2666 (800) 845-4162 or (650) 570-7300	<b>Southwest Area</b> 1000 South Fremont Avenue, Unit 11/A9-W Alhambra, CA 91803-8839 (800) 845-0571 or (626) 284-4792
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