



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.

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

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:

Return or Mail to:	Northwest/Rocky Mountain Area 2323 Eastlake Avenue East Seattle, WA 98102-3305 (800) 531-1489 or (206) 329-4900	Northern California Area 355 Gellert Boulevard, Suite 100 Daly City, CA 94015-2666 (800) 845-4162 or (650) 570-7300	Southwest Area 225 South Lake Avenue, Suite 1200 Pasadena, CA 91101-3005 (866) 648-6878 or (626) 463-6100
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