

THE WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST

BENEFICIARY DESIGNATION FORM FOR NON-RETIRED PARTICIPANTS

Part	ticipant's Name r print in ink First	M.I. Lac	ut.	
Participant's Social Security Number				
Mailing Address Street Αλθτεω				
	Street Аддress			
City		Sta	te Zip Code	
Local Union Phone Number ()				
Email Address				
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#	Relation	nship
	Address		Phone # <u>(</u>) -
2	Name			
	Address		Phone # () -
3	Name	SS#	Relatio	nship
	Address		Phone # () -
4	Name	SS#	Relation	nship
	Address		Phone # () -
5	Name	SS#	Relation	nship
	Address		Phone # <u>(</u>) -
Participant's Signature Date				
any time indication listed de Beneficion the first To be ef Trustees	ent Information. As a Plan participant, you e. This Beneficiary designation cancels any ng how you would like your benefits to be pesignated beneficiaries unless specified other iary, or if no validly designated Plan Benefic surviving class among the following: 1. Specificative, the designation or change must be supported by the property of the designation or change must be supported by the designation or change must be supported by the designation or change must be supported by the designation or the designation or mail this form to the address below	previous designation you have repaid, any amount payable will be rwise. If you fail to make a valid tary survives you, your Plan Berouse, 2. Children, 3. Parents, 4 made in writing on the proper for stees receive your beneficiary desired.	nade. If you do not mark a box shared equally among your d designation of a Plan neficiary will be the survivor(s) i . Brothers and Sisters, 5. Estate. orm and must be received by the	n
Mail to: Questions? Call Toll-Free - 1-800-531-1489				
Western Conference of Teamsters Pension Plan		Northwest/ Rocky Mountain Office	Northern California Office	Southwest Office
2323 Eastlake Avenue East Seattle, WA 98102-3393		(206) 329-4900	(650) 570-7300	(626) 463-6100