



# Beneficiary Designation Form

Below is a sample of the Plan's official *Beneficiary Designation Form* that shows how to name Plan beneficiaries. You can obtain the form from your Area Administrative Office or the Plan's website ([www.wctpension.org](http://www.wctpension.org)).

Use this form to make or change your beneficiary designation at any time. However, your beneficiary designation is not effective unless an Area Administrative Office receives the signed form before your death.

Designations made on forms used by other pension or health and welfare trusts, or for other union benefits such as life insurance, are not accepted by this Plan.

When you are ready to retire, your *Benefit Election Package* will contain a longer version of the *Beneficiary Designation Form*.

## Side One

Check only one box to show how you want any lump sum death benefits paid after your death.

You must include each beneficiary's full name, Social Security number, address and relationship to you. If more than one beneficiary, list one name per line. If you need to add additional names, use side 2 of the form (as shown below).

The form must be signed and dated by the participant.

**The Western Conference of Teamsters Pension Plan** **Beneficiary Designation Card**

Plan Participant required information Type or print in ink

NAME: (F, M, L) <u>Mary E. Smith</u>	SOCIAL SECURITY NUMBER: <u>545-99-8888</u>	IF RETIRED, YEAR OF RETIREMENT: _____
ADDRESS: (Street, P.O. Box) <u>1234 Washington St.</u>	LOCAL UNION: <u>001</u>	
CITY/STATE/ZIP CODE: <u>Seattle, WA 98102</u>	PHONE NUMBER: <u>(206) 123-4567</u>	

Check **one** box only (below), then designate your **beneficiaries below** 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.

Name: John A. Smith SS# 535-55-5555 Relationship: Husband

Address: 1234 Washington St., Seattle WA 98102

Name: John A. Smith, Jr. SS# 535-77-7777 Relationship: Son

Address: 444 Elm St., Tacoma, WA 98404

Participant's Signature: Mary E. Smith Date: 9-1-2013

To be valid, this form must be signed, dated and received by the Trustees before your death

FOR ADMINISTRATIVE OFFICE USE

## Side Two

This participant added her daughter as another beneficiary on the back of this form. Only one beneficiary may be added per line.

Name any additional Beneficiaries below.

Name: Jill Smith SS# 535-33-3333 Relationship: Daughter

Address: 111 Rain St., Seattle WA 98102

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT INFORMATION**

You, as a plan member, may make or change the designation of your Beneficiary at any time. This Beneficiary designation cancels any previous designation you have made. If you fail to make a valid designation of a Beneficiary, or if no validly designated Beneficiary survives you, your 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.

Return or Mail to:


**The Western Conference of Teamsters Pension Trust Fund**  
Northwest Area Administrative Office  
2323 Eastlake Avenue East  
Seattle, WA 98102

Questions? Call Toll-Free:

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

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

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



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Use only black or blue ink to fill out the card. Do not cross out information or use whiteout to make corrections.



## About Your Personal Benefit Statement (Continued)

**YOUR PLAN BENEFITS**

**Annual Benefit Earned During 2012**  
Your collectively bargained contributions paid in 2012 of \$4,409.60 increased your annual benefit by: **\$635.00**

**Total Accrued Annual Benefit**  
As of December 31, 2012, you have earned a total annual benefit, payable at age 65, in the amount of: **\$23,102.20**

**Plan Benefits** Your statement shows how much your annual benefit increased due to covered hours in the previous calendar year.

**Total Accrued Annual Benefit** This is the annual benefit you earned based on the total covered hours you worked under the Plan. Note that the amount shown in the example is an annual benefit payable at normal retirement age (usually age 65). Benefits paid under the Plan are paid monthly.

**Participant ID** You may refer to your own confidential Participant ID when calling or writing about benefits (rather than providing your Social Security number).

**IMPORTANT INFORMATION REGARDING YOUR PLAN RECORD**

000000000545385 B.E. Jackson

INDICATE CORRECTIONS IN THE SPACE BELOW

The Trust shows the following information in your record (shown in light blue boxes). If any information is incorrect or missing, please print the corrected information in the space provided. A postage paid return envelope and a beneficiary card have been enclosed for your convenience. To name or change your beneficiary, use the enclosed beneficiary card.

**Address:** 466 Oak Street  
Anytown, CA 95040

**Date of Birth:** 6/2/50  
**Gender:** MALE  
**Spouse Date of Birth:** 5/10/53  
**Union Initiation Date:** 10/2/71  
**Hire Date 1st Employer:** 10/2/71

**You have named as your beneficiary:** MARY JACKSON

100 Elm Street  
95041

**Update Your Plan Record** If you discover personal information on your statement that is incorrect or missing, it's your responsibility to notify the Plan by sending back this tear-off card as soon as possible.

**Plan Beneficiary** If you need to change the beneficiary designation shown, you cannot make the change by crossing the name off the card. In order to make a valid change, you must use the Plan's official *Beneficiary Designation Form* and the completed form must be received by your Area Administrative Office prior to your death. An official *Beneficiary Designation Form* and postage-paid return envelope are enclosed with your statement.



Your *Personal Benefit Statement* only shows the hours for which pension contributions were paid. Your collective bargaining agreement may not require your employer to contribute on overtime hours. Or it may have a monthly or yearly maximum on the number of hours that require pension contributions.