



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).

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

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.