



Your Benefit Election Packet

There are several forms in your *Benefit Election Packet* for you to review and complete. Here are examples of a *Benefit Election Form*, *Beneficiary Designation Form*, *Spouse Consent Form* and *Federal Income Tax Withholding Form*. On the next page is an example of the *Benefit Election Form* showing how the various benefit payment options described in this chapter are shown on the form.

Make sure you complete and return all required forms to your Area Administrative Office as soon as possible so your retirement application can be processed and benefits can begin.

If you have any questions about your pension choices or any of the forms you receive, contact your Area Administrative Office.

WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST
BENEFIT ELECTION FORM

Participant's Name: (First) **JOHN** (M.I.) **DOE** (Last) **DOE** Social Security Number: **XXX-XX-9999**
Date of Birth: **07/03/1958** Application Receipt Date: **05/31/2013** Statement Date: **06/14/2013**

Below are the monthly Benefit Payment Options you are eligible to elect. Please read carefully all the information included in your retirement packet and the enclosed Summary of Benefit Payment Options before making your election. You make your option election by checking one box in either Column 1 or Column 2 and then signing your name below. If you are married, your spouse must consent to your election by completing the enclosed Spouse Consent Form. (Note, if your marital status has changed between the date shown as your Pension Effective Date and the date you are signing this election form, contact your Area Administrative Office for additional information about the spouse consent requirements.)

Column 1		The Pension Effective Date of Your Benefit is: August 1, 2013		Column 2	
The Benefit Payment Options below have been reduced to provide an Optional Lump Sum Death Benefit of: \$15,960.00				The Benefit Payment Options below do not include an Optional Lump Sum Death Benefit	
Benefit Payable to Participant	Benefit to Spouse Upon Your Death			Benefit Payable to Participant	Benefit to Spouse Upon Your Death
Monthly Benefit Payment Options For Your Lifetime and Your Spouse's Lifetime After Your Death					
<input type="checkbox"/> \$1,151.50	\$768.00	<input type="checkbox"/> A1. Regular Employee and Spouse Pension	<input type="checkbox"/> \$1,186.00	\$791.00	
<input type="checkbox"/> \$1,300.00 to \$2,000.00 after	\$768.00	<input type="checkbox"/> A2. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,334.50 to \$2,000.00 after	\$791.00	
<input type="checkbox"/> \$1,299.50 to \$5,999.50 after	\$768.00	<input type="checkbox"/> A3. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,294.00 to \$5,999.50 after	\$791.00	
<input type="checkbox"/> \$1,137.00	\$853.00	<input type="checkbox"/> B1. Optional Employee and Spouse Pension	<input type="checkbox"/> \$1,171.00	\$878.50	
<input type="checkbox"/> \$1,285.50 to \$2,000.00 after	\$853.00	<input type="checkbox"/> B2. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,319.50 to \$2,000.00 after	\$878.50	
<input type="checkbox"/> \$1,045.50 after		<input type="checkbox"/> B3. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,319.00 to \$5,999.50 after	\$878.50	
<input type="checkbox"/> \$1,285.00 to \$5,999.50 after	\$853.00				
Monthly Benefit Payment Options For Your Lifetime Only					
<input type="checkbox"/> \$1,330.00	N/A	<input type="checkbox"/> C1. Life Only Pension	<input type="checkbox"/> \$1,369.50	N/A	
<input type="checkbox"/> \$1,478.50 to \$2,000.00 after	N/A	<input type="checkbox"/> C2. Life Only Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,518.00 to \$2,000.00 after	N/A	
<input type="checkbox"/> \$1,238.50 after		<input type="checkbox"/> C3. Life Only Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,517.50 to \$5,999.50 after	N/A	
<input type="checkbox"/> \$1,478.00 to \$5,999.50 after	N/A				
<input type="checkbox"/> \$1,178.00 after					
\$63,840.00	4 Year Certain Death Benefit		\$65,736.00		

If you elect any of the Life Only Pension payment options under "C" above and before receiving approximately 4 years of benefit payments, this 4 Year Certain Death Benefit may be payable to your beneficiary. Under Column 1, the 4 Year Certain Death Benefit is reduced by a small percentage for the Optional Lump Sum Death Benefit. The actual Death Benefit will be based on the amount shown above and reduced by the benefit payments you were entitled to receive before your death. Note, if an amount is not shown, you do not qualify for this benefit.

STATEMENT OF PARTICIPANT

I hereby request that my benefit be paid as I have chosen above (check only one box). I further understand that my Pension Effective Date is the date shown above. I understand that my spouse must consent to my elections by signing the Spouse Consent Form. I realize that this election revokes and cancels all prior elections I may have made.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Benefit Election Form

Beneficiary Designation Form

WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST
BENEFICIARY DESIGNATION FORM

Participant's Name (First) **JOHN** (M.I.) **DOE** (Last) **DOE** Social Security Number: **XXX-XX-9999**

Please indicate in the appropriate box below, how you wish any Death Benefits payable under the Western Conference of Teamsters to be paid to your beneficiary(ies). In the space provided below, indicate the person or persons you wish to designate as your beneficiary for any death benefits which may be 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 Trust be paid in equal shares to the beneficiaries I have listed below.

OR

☐ I request that any Death Benefits payable under the Western Conference of Teamsters Pension Trust be paid to the first beneficiary named below who survives me.

BENEFICIARY DESIGNATION

NAME	RELATIONSHIP
ADDRESS (Street, City, State, Zip)	PHONE NUMBER
NAME	RELATIONSHIP
ADDRESS (Street, City, State, Zip)	PHONE NUMBER
NAME	RELATIONSHIP
ADDRESS (Street, City, State, Zip)	PHONE NUMBER

Participant's Signature _____ Date _____

SPOUSE CONSENT TO BENEFICIARY DESIGNATION
(TO BE COMPLETED BY SPOUSE IF NOT MARIED OR SEPARATED)

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(ies) 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 _____ Spouse's Social Security Number _____

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 Trust Administrative Office or a Notary Public in order for this consent form to be recognized by the 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 (insert spouse name) is the person who appeared before me and said person acknowledged that (he/she) signed the foregoing Spouse Statement and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

If witnessed by authorized employee of Trust, complete following:

WITNESS SIGNATURE (must be authorized employee of Trust Administrative Office) _____ DATE _____

Print Name of witness _____ Administrative Office _____

If witnessed by Notary Public, complete following:

State _____ County of _____ is _____

DATE _____ SIGNATURE _____ MY APPOINTMENT EXPIRES _____

WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST
SPOUSE CONSENT FORM

Participant's Name: (First) **JOHN** (M.I.) **DOE** (Last) **DOE** Social Security Number: **XXX-XX-9999**
Spouse's Name: (First) **JANE** (M.I.) **DOE** (Last) **DOE** Social Security Number: **XXX-XX-9999**

INSTRUCTIONS FOR SPOUSE OF PARTICIPANT

The Plan has provided your spouse with a Benefit Election Form showing the benefit payment options he/she is eligible to elect and the pension effective date he/she has requested as well as a summary of each of those payment options. As the participant's spouse, you must consent to further elections before payments can begin. Please review the elections your spouse has made on the Benefit Election Form. If you consent to these elections, please place a check mark in the box next to the benefit payment option your spouse elected showing that you consent to the election of that payment option and to the requested pension effective date. To complete this form you must also sign and date this form and your signature must be witnessed by a notary or authorized Plan representative.

Column 1		The Participant's Pension Effective Date is: August 1, 2013		Column 2	
Payment Options that include an Optional Lump Sum Death Benefit				Payment Options that do not include an Optional Lump Sum Death Benefit	
Benefit Payable to Participant	Spouse Benefit Upon Participant's Death			Benefit Payable to Participant	Spouse Benefit Upon Participant's Death
<input type="checkbox"/> \$1,151.50	\$768.00	<input type="checkbox"/> A1. Regular Employee and Spouse Pension	<input type="checkbox"/> \$1,186.00	\$791.00	
<input type="checkbox"/> \$1,300.00 to \$2,000.00 after	\$768.00	<input type="checkbox"/> A2. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,334.50 to \$2,000.00 after	\$791.00	
<input type="checkbox"/> \$1,299.50 to \$5,999.50 after	\$768.00	<input type="checkbox"/> A3. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,294.00 to \$5,999.50 after	\$791.00	
<input type="checkbox"/> \$1,137.00	\$853.00	<input type="checkbox"/> B1. Optional Employee and Spouse Pension	<input type="checkbox"/> \$1,171.00	\$878.50	
<input type="checkbox"/> \$1,285.50 to \$2,000.00 after	\$853.00	<input type="checkbox"/> B2. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,319.50 to \$2,000.00 after	\$878.50	
<input type="checkbox"/> \$1,045.50 after		<input type="checkbox"/> B3. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,319.00 to \$5,999.50 after	\$878.50	
<input type="checkbox"/> \$1,285.00 to \$5,999.50 after	\$853.00				
<input type="checkbox"/> \$1,330.00	N/A	<input type="checkbox"/> C1. Life Only Pension	<input type="checkbox"/> \$1,369.50	N/A	
<input type="checkbox"/> \$1,478.50 to \$2,000.00 after	N/A	<input type="checkbox"/> C2. Life Only Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,518.00 to \$2,000.00 after	N/A	
<input type="checkbox"/> \$1,238.50 after		<input type="checkbox"/> C3. Life Only Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,517.50 to \$5,999.50 after	N/A	
<input type="checkbox"/> \$1,478.00 to \$5,999.50 after	N/A				
<input type="checkbox"/> \$1,178.00 after					

I have reviewed the Benefit Election Form completed by my spouse. On this form, my spouse elected the Pension Effective Date specified above and the Benefit Payment Option I have checked above. I hereby consent to the Pension Effective Date and the Benefit Payment Option elected by my spouse. I understand that once I give my consent, I cannot later revoke or change that consent.

I understand that if my spouse elected a Benefit Payment Option under A or B, the monthly benefit amount I will qualify for is not payable with the month following my spouse's death but may be lower than if my spouse had elected a Life Pension Effective Date. I also understand that if my spouse elected A or B from the Benefit Payment Options shown in Column 1, the monthly benefit amount I will qualify for upon my spouse's death has been reduced to provide for the Optional Lump Sum Death Benefit.

I understand that if my spouse elected a Benefit Payment Option under C (1, 2 or 3) no lifetime monthly benefit payments will continue to me after my spouse's death.

SPOUSE'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY AUTHORIZED WITNESS OR NOTARY PUBLIC

To be valid, the spouse's signature above must be witnessed by an authorized employee of the Trust Administrative Office or a Notary Public. The following statement must be completed by the witness to the spouse's signature.

I certify that I know or have satisfactory evidence that (insert spouse name) is the person who appeared before me and that said person acknowledged to me that (he/she) signed the foregoing Spouse Consent Form and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

If witnessed by Notary Public, you must complete and sign the following:

STATE OF _____ is _____

COUNTY OF _____ is _____

Notary Signature _____ My Appointment Expires _____

Date _____ Yes _____ No _____

Signature of Authorized Employee of Trust Administrative Office if witnessed by Notary Public: _____ Date _____ Administrative Office _____

Spouse Consent Form

Federal Income Tax Withholding Election Form

Withholding Election Form and Notice to Payee of Withholding of Federal Income Tax from Periodic Pension Payments

Participant Name: _____ Participant SSN: _____

Name of Payee (please print) _____ Certificate Number (if applicable) _____

Benefit Type: _____

Home Address (not a Post Office box) Number and Street or Rural Route, City, State and Zip Code _____

Social Security Number _____ Group Annuity Contract Number **GA 9032**

Please read the notice on page 2 and check the appropriate box(es) below. Sign and date this form and return it as soon as possible.

☐ 1. If you elect not to have tax withheld, check this box. Do not complete the information under Line 2. Sign and date the form at the bottom of the page.

☐ 2. If you elect to have taxes withheld, check this box, and complete the information on Lines A and B. If you also want to have an additional flat amount withheld from your payments, complete the information on Line C.

A. Marital Status (check only one): ☐ Single ☐ Married ☐ Married, but withheld at the higher single rate

B. Number of Allowances: _____

C. Additional Flat Amount \$ _____ Note: You cannot enter an additional amount here without first entering a marital status on Line A and the number (including zero) of allowances on Line B.

You may claim one allowance for yourself. You also may be able to claim an allowance for your spouse and for each dependent. Your most recent tax return may help you in deciding the number of allowances to claim.

You are not required to claim all of the allowances to which you are entitled. If you expect to itemize deductions, and if they exceed the standard deduction, you may claim additional withholding exceptions for certain tax credits to which you may be entitled. You should consult your tax advisor with any questions on allowances, deductions, or tax credits that may apply.

Signature: _____ Date: _____

Please return the completed form to:

☐ Southwest Administrative Office, 225 South Lake Ave, Suite 1200, Pasadena, CA 91101-3000 (866) 648-6878

☐ Northwest Area Administrative Office, 2323 Eastlake Ave East, Seattle, WA 98102-3305 (800) 531-1489

☐ Northern California Area Administrative Office, 355 Collier Blvd, Ste 100, Daly City, CA 94015-2666 (800) 845-6162

☐ Portland Administrative Office, 700 NE Multnomah, Suite 350, Portland, OR 97232-4197 (800) 845-9040

* Form 100 (06/2007) - 2 pages
Federal Periodic Pensions
Pg 1 (04/03/2007) - AAS Appn Date 05/2007



Your Benefit Election Packet (Continued)

Optional Lump Sum Death Benefit You can choose this benefit so your Plan beneficiary receives a lump sum payment after your death. If you choose this benefit, your monthly benefit is reduced by a small amount.

Regular Employee and Spouse Pension With this option, you receive a reduced monthly pension for your life. If you die first, your spouse receives 66 2/3% of your benefit for life if you have recent coverage, otherwise 50%.

Regular Employee and Spouse Pension with Benefit Adjustment Option This benefit is similar to the one above except your benefit amount is increased until age 62 or age 65. You receive a reduced amount after that. The benefit your spouse receives after your death is calculated as if you chose the employee and spouse pension without the benefit adjustment option.

Optional Employee and Spouse Pension With this option, you receive a reduced monthly pension for your life. If you die first, your spouse receives 75% of your benefit for life.

Optional Employee and Spouse Pension with Benefit Adjustment Option This benefit is similar to the one above except your benefit amount is increased until age 62 or age 65. You receive a reduced amount after that. The benefit your spouse receives after your death is calculated as if you chose the employee and spouse pension without the benefit adjustment option.

Life Only Pension With the life only pension, you receive a level monthly benefit for your lifetime.

Life Only Pension with Benefit Adjustment Option This benefit is available if you are eligible to choose early retirement. Under the benefit adjustment option, you receive an increased benefit until age 62 or age 65 and a reduced amount after that.



WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST BENEFIT ELECTION FORM

Participant's Name: (First)	(M.I.)	(Last)	Social Security Number:
JOHN		DOE	XXX-XX-9999
Date of Birth: 07/03/1958	Application Receipt Date: 05/31/2013		Statement Date: 06/14/2013

Below are the monthly Benefit Payment Options you are eligible to elect. Please read carefully all the information included in your retirement packet and the enclosed *Summary of Benefit Payment Options* before making your election. You make your option election by checking one box in either *Column 1* or *Column 2* and then signing your name below. If you are married, your spouse must consent to your election by completing the enclosed *Spouse Consent Form*. (Note, if your marital status has changed between the date shown as your Pension Effective Date and the date you are signing this election form, contact your Area Administrative Office for additional information about the spousal consent requirements.)

Column 1 The Benefit Payment Options below have been reduced to provide an Optional Lump Sum Death Benefit of: \$15,960.00		The Pension Effective Date of Your Benefit is: August 1, 2013	Column 2 The Benefit Payment Options below do not include an Optional Lump Sum Death Benefit	
Benefit Payable to Participant	Benefit to Spouse Upon Your Death	BENEFIT PAYMENT OPTIONS	Benefit Payable to Participant	Benefit to Spouse Upon Your Death

Monthly Benefit Payment Options For Your Lifetime and Your Spouse's Lifetime After Your Death

<input type="checkbox"/> \$1,151.50	\$768.00	A1. Regular Employee and Spouse Pension	<input type="checkbox"/> \$1,186.00	\$791.00
<input type="checkbox"/> \$1,300.00 to 62	\$768.00	A2. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,334.50 to 62	\$791.00
<input type="checkbox"/> \$1,060.00 after			<input type="checkbox"/> \$1,094.50 after	
<input type="checkbox"/> \$1,299.50 to 65	\$768.00	A3. Regular Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,334.00 to 65	\$791.00
<input type="checkbox"/> \$999.50 after			<input type="checkbox"/> \$1,034.00 after	
<input type="checkbox"/> \$1,137.00	\$853.00	B1. Optional Employee and Spouse Pension	<input type="checkbox"/> \$1,171.00	\$878.50
<input type="checkbox"/> \$1,285.50 to 62	\$853.00	B2. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,319.50 to 62	\$878.50
<input type="checkbox"/> \$1,045.50 after			<input type="checkbox"/> \$1,079.50 after	
<input type="checkbox"/> \$1,285.00 to 65	\$853.00	B3. Optional Employee and Spouse Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,319.00 to 65	\$878.50
<input type="checkbox"/> \$985.00 after			<input type="checkbox"/> \$1,019.00 after	

Monthly Benefit Payment Options For Your Lifetime Only

<input type="checkbox"/> \$1,330.00	N/A	C1. Life Only Pension	<input type="checkbox"/> \$1,369.50	N/A
<input type="checkbox"/> \$1,478.50 to 62	N/A	C2. Life Only Pension with Benefit Adjustment Option to Age 62	<input type="checkbox"/> \$1,518.00 to 62	N/A
<input type="checkbox"/> \$1,238.50 after			<input type="checkbox"/> \$1,278.00 after	
<input type="checkbox"/> \$1,478.00 to 65	N/A	C3. Life Only Pension with Benefit Adjustment Option to Age 65	<input type="checkbox"/> \$1,517.50 to 65	N/A
<input type="checkbox"/> \$1,178.00 after			<input type="checkbox"/> \$1,217.50 after	
\$63,840.00		4 Year Certain Death Benefit	\$65,736.00	

If you elect any of the Life Only Pension payment options under "C" above and die before receiving approximately 4 years of benefit payments, this 4 Year Certain Death Benefit may be payable to your beneficiary. Under Column 1, the 4 Year Certain Death Benefit is reduced by a small percentage for the Optional Lump Sum Death Benefit. The actual Death Benefit will be based on the amount shown above and reduced by the benefit payments you were entitled to receive before your death. Note, if an amount is not shown, you do not qualify for this benefit.

STATEMENT OF PARTICIPANT

I hereby request that my benefit be paid as I have chosen above (check only one box). I further understand that my Pension Effective Date is the date shown above. I understand that my spouse must consent to my elections by signing the Spouse Consent Form. I realize that this election revokes and cancels all prior elections I may have made.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Revised 12.07

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