

CHANGE OF BENEFICIARY

TEAMSTER MEMBERS RETIREMENT PLAN

PRINT IN INK

NAME _____ SOCIAL SECURITY NO. _____ LOCAL NO. _____

HOME ADDRESS _____ PHONE _____
STREET ADDRESS CITY STATE ZIP

I hereby designate the following named beneficiary or beneficiaries to receive any moneys payable, in the event of my death, by the Teamster Members Retirement Plan, including all merged funds. In the event that any beneficiary shall die before me, his share shall be divided equally between the remaining beneficiaries. (Note: If more than one beneficiary is named, the moneys will be distributed in equal shares unless you indicate the percentage to be received by each.)

NAME OF BENEFICIARY/ RELATIONSHIP:	SHARE TO BE PAID:	TELEPHONE:
ADDRESS:	CITY, STATE ZIP:	EMAIL:
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NAME OF BENEFICIARY/ RELATIONSHIP:	SHARE TO BE PAID:	TELEPHONE:
ADDRESS:	CITY, STATE ZIP:	EMAIL:

This designation of beneficiary shall remain in effect unless and until modified or revoked in writing by me in the form and manner prescribed by the trustees of the Teamster Members Retirement Plan and filed with the trustees. In the event that no beneficiaries have been designated by the member in the manner prescribed by the trustees or in the event that the beneficiaries so designated predecease the member or die in such circumstances that proof of their survivorship is uncertain, the death benefit shall be paid to: 1. The surviving spouse, or if there be none surviving, 2. The children, in equal parts per stirpes, or their legal representatives, or if there be none surviving, 3. The father or mother, or if there be none surviving, 4. His estate.

**NOTE: NO PERSON LISTED ABOVE AS BENEFICIARY MAY BE A WITNESS.
 THIS CARD CANNOT BE PROCESSED WITHOUT ALL REQUIRED SIGNATURES.**

**THE ABOVE BENEFICIARY DESIGNATION CANCELS
 ANY DESIGNATION PREVIOUSLY MADE BY ME.**

WITNESS: _____
SIGNATURE (WRITE IN INK - DO NOT PRINT) REQUIRED

SIGNATURE OF MEMBER (WRITE IN INK - DO NOT PRINT) REQUIRED

DATE: _____

Besides being a historical record, this card is a legal document designating the beneficiary for the death benefit of the Pension Plan and must bear your written signature and also be signed by a witness. Following are suggested forms which can be used to clearly and legally designate beneficiaries.

Examples:

TO DESIGNATE A SINGLE BENEFICIARY

Clearly list person's full name, address, city and state, and relationship.

<small>CIRCLE IF APPLICABLE:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small>	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> MARY BROWN / WIFE	<small>SHARE TO BE PAID:</small> 100%	<small>TELEPHONE:</small> 123-456-7890
	<small>ADDRESS:</small> 123 MAIN STREET	<small>CITY, STATE ZIP:</small> ANYWHERE, US 12345	<small>EMAIL:</small> MARY@EMAIL.COM
	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> _____	<small>SHARE TO BE PAID:</small> _____	<small>TELEPHONE:</small> _____
	<small>ADDRESS:</small> _____	<small>CITY, STATE ZIP:</small> _____	<small>EMAIL:</small> _____

TO DESIGNATE A SUCCESSIVE BENEFICIARIES

Clearly list person's full name, address, city and state, and relationship, in the order in which they should be paid, circling the statement, "In the event the above named is deceased" and then clearly listing the next person's full name, address, city and state, and relationship.

<small>CIRCLE IF APPLICABLE:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small>	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> MARY BROWN / WIFE	<small>SHARE TO BE PAID:</small> 100%	<small>TELEPHONE:</small> 123-456-7890
	<small>ADDRESS:</small> 123 MAIN STREET	<small>CITY, STATE ZIP:</small> ANYWHERE, US 12345	<small>EMAIL:</small> MARY@EMAIL.COM
	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> SALLY BROWN / DAUGHTER	<small>SHARE TO BE PAID:</small> 1/2	<small>TELEPHONE:</small> 123-456-7890
	<small>ADDRESS:</small> 123 MAIN STREET	<small>CITY, STATE ZIP:</small> ANYWHERE, US 12345	<small>EMAIL:</small> SALLY@EMAIL.COM

TO DESIGNATE TWO OR MORE BENEFICIARIES

Clearly list person's full name, address, city and state, and relationship and the proportionate share each is to receive. Only fraction or percentages should be used to indicate proportionate share. Do not insert any dollars and cents figure.

<small>CIRCLE IF APPLICABLE:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small> <small>In the event the above name is deceased:</small>	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> MARY BROWN / WIFE	<small>SHARE TO BE PAID:</small> 1/2	<small>TELEPHONE:</small> 123-456-7890
	<small>ADDRESS:</small> 123 MAIN STREET	<small>CITY, STATE ZIP:</small> ANYWHERE, US 12345	<small>EMAIL:</small> MARY@EMAIL.COM
	<small>NAME OF BENEFICIARY / RELATIONSHIP:</small> SALLY BROWN / DAUGHTER	<small>SHARE TO BE PAID:</small> 1/4	<small>TELEPHONE:</small> 123-456-7890
	<small>ADDRESS:</small> 123 MAIN STREET	<small>CITY, STATE ZIP:</small> ANYWHERE, US 12345	<small>EMAIL:</small> SALLY@EMAIL.COM