

**BENEFICIARY DESIGNATION
TEAMSTER MEMBERS RETIREMENT PLAN (TMRP)**

PRINT IN INK. SEE ADDITIONAL INFORMATION ON REVERSE

NAME _____ SOCIAL SECURITY NUMBER (SSN) _____ LOCAL NO. _____

HOME ADDRESS _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

DESIGNATION OF BENEFICIARY: I hereby designate the following named beneficiary(ies) to receive any moneys payable in the event of my death under the TMRP, including all merged funds. If more than one beneficiary is named below, any moneys payable will be distributed in equal shares between or among them unless I indicate a percentage to be payable to each. To designate a SUCCESSIVE beneficiary (a beneficiary to receive moneys if the primary beneficiary(ies) is deceased), you must list them under SUCCESSIVE BENEFICIARIES. If you need more space to add additional beneficiaries, use a 2nd Member Record Card and mark "CARD 2"

PRIMARY BENEFICIARY(IES). ***IF YOU INTEND FOR YOUR SPOUSE TO BE A PRIMARY BENEFICIARY, HE/SHE MUST BE LISTED HERE***				
NAME OF BENEFICIARY	ADDRESS:	PHONE NUMBER:	RELATIONSHIP TO YOU:	SHARE TO BE PAID (TOTAL MUST EQUAL 100%)

SUCCESSIVE BENEFICIARY(IES). IF NO BENEFICIARY NAMED ABOVE IS LIVING, YOU NAME THE FOLLOWING BENEFICIARY				
NAME OF BENEFICIARY	ADDRESS:	PHONE NUMBER:	RELATIONSHIP TO YOU:	SHARE TO BE PAID (TOTAL MUST EQUAL 100%)

I have read this entire Designation of Beneficiary form (Including the reverse side) and understand that it is legally binding unless/until it is modified or revoked by me.

SIGNATURE OF MEMBER: (USE INK. DO NOT PRINT) _____ DATE _____

SIGNATURE OF WITNESS: _____ PRINT WITNESS' NAME _____

NO PERSON NAMED ABOVE AS A BENEFICIARY MAY WITNESS THIS FORM. IF A BENEFICIARY WITNESSES THE FORM, IT WILL BE VOID.