

**CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND  
DEATH BENEFITS-DESIGNATION OF BENEFICIARY**

There are **FOUR SECTIONS** to this form. They are Parts A, B, C and D. Please review each section carefully to determine if you are required to complete it.

**PART A: PARTICIPANT'S INFORMATION (Must be completed by Participant.)**

1. \_\_\_\_\_  
           Name-Last                                      First                                      Middle Initial                                      Social Security Number

2. \_\_\_\_\_  
           Address-Number and Street                                      City                                      State                                      Zip Code

**PART B: DESIGNATION OF BENEFICIARY (Must be completed by Participant.)**

Please list your Primary Beneficiary(ies) and Secondary Beneficiary(ies), if any. If you are married, you must name your spouse as your Primary Beneficiary, unless your spouse agrees to you naming someone else as Primary Beneficiary. If you name someone else as your Primary Beneficiary, your Spouse must complete Part D.

**PRIMARY BENEFICIARY(IES)**

	Social Security Number	Full Name	Relationship	Date of Birth	Address
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**SECONDARY BENEFICIARY(IES)**

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I hereby designate my Primary Beneficiary(ies) and, if none survive me, then my named Secondary Beneficiary(ies) to receive any death benefit payable by the Fund by result of my death.

Today's Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

**PART C: PARTICIPANT'S STATEMENT OF MARITAL STATUS**

Please indicate your current marital status below. If you are married, you must provide the Fund with a Marriage Certificate or Common Law Spouse Affidavit. If you are divorced, you must provide the Fund with a Divorce Decree. If you are widowed, you must provide the Fund with a death certificate.

I, \_\_\_\_\_, a Participant of The Central Pennsylvania Teamster Pension Fund, do hereby state and affirm that, as of the date hereof,

(please check the appropriate line):

- 1. \_\_\_\_\_ I am legally married (includes separated but not divorced).
- 2. \_\_\_\_\_ I am not married, single
- 3. \_\_\_\_\_ I am legally divorced
- 4. \_\_\_\_\_ I am widowed
- 5. I am married under common law. Please contact the Pension Fund Office for a Common Law Affidavit.

Today's Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

**\*\*\*\*\*STOP\*\*\*\*\***

**PLEASE READ THE UNDERLINED SENTENCE BELOW BEFORE PROCEEDING**

**PART D: SPOUSE'S CONSENT REGARDING BENEFICIARY DESIGNATION AND WAIVER OF DEATH BENEFITS**

Part D must be completed by your Spouse, before a Notary Public, only if your Spouse is NOT the only Primary Beneficiary listed on Part B.

I, \_\_\_\_\_, understand that, since I am legally married to a participant of The Central Pennsylvania Teamsters Pension Fund, I will be considered to be the primary beneficiary with respect to any benefit provided under The Central Pennsylvania Teamsters Pension Fund in the event of my spouse's death unless I consent to let my spouse name someone other than or in addition to myself as the primary beneficiary.

By signing this form, I give to my spouse my consent to name the person(s) whose name(s) are set forth on the front of this form under Section B as my spouse's primary beneficiary(ies) with respect to all benefits provided by The Central Pennsylvania Teamsters Pension Fund in the event of my spouse's death. My spouse may not elect to change the name of such primary beneficiary(ies) without my further consent in writing.

I understand that, by giving the within consent, I am waiving any rights which I may have to such benefits including the death benefit or qualified preretirement survivor annuity benefit which might otherwise be payable to me.

Today's Date \_\_\_\_\_ Signature of Participant's Spouse \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Seal or Stamp

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_