

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 divorce, 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 Teamsters 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 married under common law
- 3. _____ I am not married, single
- 4. _____ I am legally divorced
- 5. _____ I am widowed

Today's Date _____ Participant's Signature _____

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 _____