TEAMSTERS LOCAL UNION 77
SUPPLEMENTAL PENSION FUND
P.O. BOX 9 • COLLINGSWOOD, NJ 08108

BENEFICIARY FORM

[Please Print Clearly or Type]

NAME _____ **SS#** _____

This Beneficiary Designation will supersede all previous instructions once received by the Fund Office.

PRIMARY BENEFICIARY DESIGNATION *

Primary Beneficiary(ies) Name	Relationship	Social Security #	Date of Birth

CONTINGENT BENEFICIARY DESIGNATION *

Contingent Beneficiary(ies) Name	Relationship	Social Security #	Date of Birth

***Important**: A beneficiary under the age of 18 is considered a minor and requires a guardian appointment in order for the proceeds from your account to be paid out in their behalf. To arrange for the appropriate guardianship documents and wording when naming a minor as a beneficiary, you should consult your Teamsters Local Union 77 Prepaid Legal Services provider, Markowitz & Richman, (215) 875-3100, at no cost to you, or contact your personal legal advisor.

I understand and agree that, unless I have otherwise directed in writing, the proceeds of my account will be paid in equal shares to the primary beneficiary(ies) who survive me. If none survive me, unless I have otherwise directed in writing, the proceeds of my account will be paid in equal shares to the contingent beneficiary(ies) who survive me. If no beneficiary is designated or none survive me, the proceeds of my account will be paid to my estate.

I affirm that all statements made on this Beneficiary form are true and complete to the best of my knowledge and belief. This Beneficiary Designation supersedes all previous instructions.

Signature of Employee	Printed name of Employee	Date Signed