

# Teamsters Health and Welfare Fund of Philadelphia and Vicinity Beneficiary Designation Card

Please Print:

(1) Name: \_\_\_\_\_  
(last) (first)

(2) Your Home Address: \_\_\_\_\_  
\_\_\_\_\_

(3) Your Social Security Number: \_\_\_\_\_

(4) Date of Birth: \_\_\_\_\_ Marital Status: Single/ Married/ Divorced/ Widowed  
(circle one)

(5) Spouse's Name: \_\_\_\_\_

(6) Name of Last Employer: \_\_\_\_\_ Local Union: \_\_\_\_\_

(7) Effective date of Retirement: \_\_\_\_\_

(8) Full Name of the Beneficiary: \_\_\_\_\_

(9) Relationship of Beneficiary: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

COMPLETION OF THIS CARD DOES NOT IN ANY WAY GUARANTEE  
ELIGIBILITY FOR A DEATH BENEFIT. IN ORDER TO DETERMINE AS TO  
WHETHER OR NOT YOU QUALIFY FOR THIS BENEFIT, YOU SHOULD CONTACT  
THE PENSION FUND.