



# Teamsters Health & Welfare Fund

of Philadelphia and Vicinity

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## BENEFICIARY DESIGNATION FORM

PARTICIPANT'S NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

PLEASE READ EXPLANATION OF BENEFICIARY DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING.

### PRIMARY BENEFICIARY DESIGNATION

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Primary Beneficiary's Address: \_\_\_\_\_

City State Zip  
Phone # \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Primary Beneficiary's Address: \_\_\_\_\_

City State Zip  
Phone # \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### CONTINGENT BENEFICIARY DESIGNATION

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Contingent Beneficiary's Address: \_\_\_\_\_

City State Zip  
Phone # \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**BENEFICIARY NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Contingent Beneficiary's Address: \_\_\_\_\_

City State Zip  
Phone # \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

In the event of my death, I designate the above to be my Beneficiary(ies). By signing below, I revoke any previous beneficiary designation. I also reserve the right to change this beneficiary designation and I certify that the information contained above is correct and accurate. Completion of this card does not in any way guarantee eligibility for a death benefit. To determine as to whether you qualify for this benefit, you should contact the Pension Department at 856-382-2400 Option 2.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **BENEFICIARY DESIGNATIONS**

### **PRIMARY BENEFICIARY**

There must be at least one Primary Beneficiary who will receive the death benefit if you die. If a Primary Beneficiary is deceased at the time of your death, that person's share will be distributed to the remaining Primary Beneficiary, if any.

### **CONTINGENT BENEFICIARY**

A Contingent Beneficiary will receive a benefit only if all Primary Beneficiaries are deceased at the time of your death. Otherwise, a Contingent Beneficiary will not receive a benefit.

If you need additional space, please attached a piece of paper with your additional beneficiary information.