

# Teamsters Multi-Benefit Trust Beneficiary Form

## EMPLOYEE INFORMATION (PLEASE TYPE OR PRINT CLEARLY USING BLACK INK)

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MI
EMPLOYER (GROUP) NAME	GROUP NO.	DATE OF BIRTH	SEX
EMPLOYEE ADDRESS	CITY	STATE	ZIP
			EMPLOYEE PHONE NUMBER

## BENEFICIARY DESIGNATION

The benefits payable under the Trust Fund will be paid to your beneficiary or beneficiaries according to this designation or in order of preference rules established by the Trust as stated in the Default Designation section of this form.

**PRINT** carefully the full Name and Relationship. If you wish beneficiaries to share in benefits, designate the percent or dollar of benefit you wish each to receive. The percentage given must equal 100% or the dollar must total the amount of benefit.

BENEFICIARY	RELATIONSHIP	PERCENTAGE

*I understand that these changes cancel all previous beneficiary designations*

## CUSTODIAL DESIGNATION

If my death benefit will be payable to any of my children, and if any such child is a minor at the time of my death, I hereby designate (print full name) \_\_\_\_\_ to act as custodian to receive such benefits in behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I do not name a custodian, then the natural parent(s) will automatically be the custodian if the death benefit payable to each child is \$10,000 or less. If the benefit is more than \$10,000 for each child, then a custodian must be appointed by the Superior Court.

## DEFAULT DESIGNATION

The Teamsters Multi-Benefit Trust Death Benefit Plan provides that benefits are payable under the Plan in accordance with the Plan preference beneficiary policy stated below if there is no beneficiary designated. Please review this statement carefully. If you wish your death benefits to be paid differently, you must complete this Beneficiary Designation section below and return this form to the Administrator at the address stated below.

Except as noted above, I understand that in the event of my death, the death benefits payable under the Plan shall be paid to the following persons in the following order or preference:

1. To my spouse/domestic partner at the time of my death. If I have no spouse/domestic partner at the time of death, then;
2. To my children (see Custodial Designation below); If I have no children living at the time of my death, then;
3. To my parents; If I have no parents living at the time of my death, then;
4. To my brothers and sisters; If I have no brothers or sisters living at the time of my death, then;
5. To the executor or administrator of my estate (except Public Administrator).

Dated:	Member's Signature:
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Please return completed form to:  
Benefit Programs Administration. ♦1200 Wilshire Blvd., Fifth Floor ♦ Los Angeles, CA 90017  
(888) 410-1756 ♦ Fax (562) 463-5894