



**Local 705 International Brotherhood of Teamsters Pension Plan
1645 West Jackson Boulevard, Suite 700, Chicago, Illinois 60612**

BENEFICIARY DESIGNATION FORM

For purposes of the \$1,000.00 Lump-Sum Death Benefit under the Pension Plan.

Name of Participant: _____ SSN: XXX-XX-_____
Address: _____

Please name your Primary Beneficiary(ies) below.
*(If you name multiple beneficiaries, the payment will be paid in equal shares.)
You may attach an additional sheet, if necessary.*

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Please name your Secondary Beneficiary(ies), if any, below.
(In the event all primary beneficiaries predecease me, the death benefit will be paid in equal shares to the following secondary beneficiaries.) You may attach an additional sheet, if necessary.

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

Name:		Relationship:
Date of Birth:	SSN:	Phone No:
Address:		Email:

I understand that this designation form supersedes any designations previously submitted.

 **SIGNATURE:** _____ **DATE:** _____