

CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND

DEATH BENEFITS-DESIGNATION OF BENEFICIARY

There are **FOUR SECTIONS** to this form. They are Parts A, B, C and D. Please review each section carefully to determine if you are required to complete it.

PART A: PARTICIPANT'S INFORMATION (Must be completed by Participant.)

1. _____
Name-Last First Middle Initial Social Security Number

2. _____
Address-Number and Street City State Zip Code

3. _____
Name of Present or Last Principal Affiliate Employer

Please indicate the name(s) of your primary beneficiary(ies); if you wish, please indicate the name(s) of your contingent beneficiary(ies). If you are married, please list your spouse as primary beneficiary. You may also name someone other than your spouse or someone in addition to your spouse as your primary beneficiary(ies) if your spouse consents on the reverse side of this form by completing Part D.

PART B: DESIGNATION OF BENEFICIARY (Must be completed by Participant.)

DESIGNATE PRIMARY (P) OR CONTINGENT (C) (please refer to checklist for explanation)

P/C	Social Security Number	Full Name	Relationship	Date of Birth	Address
1.	_____	_____	_____	_____	_____ _____
2.	_____	_____	_____	_____	_____ _____
3.	_____	_____	_____	_____	_____ _____
4.	_____	_____	_____	_____	_____ _____
5.	_____	_____	_____	_____	_____ _____

I hereby designate the primary beneficiary(ies) and, if none survive me, then the contingent beneficiary(ies) named above is to receive any death benefit payable by the Fund by virtue of my death.

Date _____ Participant' Signature _____

Telephone Number _____

PART C: PARTICIPANT'S STATEMENT OF MARITAL STATUS

Part C must be completed by Participant. If line one or two applies, this section does not require Notarization. If line two applies to you, please contact the Fund Office for an additional form which will require Notarization. If line three applies, this section must be witnessed by a Notary Public.

I, _____, a Participant of The Central Pennsylvania Teamsters Pension Fund, do hereby state and affirm that, as of the date hereof,

(please check the appropriate line):

- 1. _____ I am lawfully married (includes separated but not legally divorced).
- 2. _____ I am lawfully married under common law (separate form must be signed and notarized).
- 3. _____ I am not lawfully married (includes single, widowed and legally divorced).

* Divorced participants must submit a photocopy of their Divorce Decree along with this completed form.

Date _____ Participant's Signature _____

Subscribed and sworn to before me
this _____ day of _____, 20_____.

Seal or Stamp

Notary Public _____ My Commission Expires _____

PART D: SPOUSE'S CONSENT REGARDING BENEFICIARY DESIGNATION AND WAIVER OF DEATH BENEFIT/QUALIFIED PRERETIREMENT SURVIVOR ANNUITY BENEFIT RIGHTS

Part D must be completed if you are married and you have named someone other than, or in addition to, your spouse as your Primary Beneficiary under Section B. If this applies to you, then this section must be completed by your spouse and witnessed by a Notary Public.

I, _____, understand that, since I am legally married to a participant of The Central Pennsylvania Teamsters Pension Fund, I will be considered to be the primary beneficiary with respect to any benefit provided under The Central Pennsylvania Teamsters Pension Fund in the event of my spouse's death unless I consent to let my spouse name someone other than or in addition to myself as the primary beneficiary.

By signing this form, I give to my spouse my consent to name the person(s) whose name(s) are set forth on the front of this form under Section B as my spouse's primary beneficiary(ies) with respect to all benefits provided by The Central Pennsylvania Teamsters Pension Fund in the event of my spouse's death. My spouse may not elect to change the name of such primary beneficiary(ies) without my further consent in writing.

I understand that, by giving the within consent, I am waiving any rights which I may have to such benefits including the death benefit or qualified preretirement survivor annuity benefit which might otherwise be payable to me.

Date _____ Signature of Participant's Spouse _____

Subscribed and sworn to before me
this _____ day of _____, 20_____.

Seal or Stamp

Notary Public _____ My Commission Expires _____

Note: It is not necessary to complete Part D if you are married and are designating only your spouse as your Primary Beneficiary.