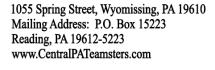
Central Pennsylvania Teamsters Pension Fund

JOSEPH J. SAMOLEWICZ, Administrator

KYLE L. WELLER, Assistant Administrator

Phone: 610-320-5500 TOLL FREE: 1-800-331-0420

FAX: 610-320-9239





CHECKLIST FOR COMPLETION OF BENEFICIARY FORMS

- 1. Did you complete Part A, Participant's information, listing your name, social security number and address?
- 2. After completing your beneficiary information under Part B, did you sign, date, enter your telephone number and email address on the bottom of Part B? If you are naming your spouse as primary beneficiary, the information must be completed.
- 3. Did you complete and sign Part C?
- 4. If under Part C you checked the box stating "I am not legally divorced" or "I am widowed", did you submit a photocopy of your divorce decree or your spouse's death certificate along with the completed beneficiary form, if applicable?
- 5. If you named someone other than or in addition to your spouse as your primary beneficiary, under Part B, did you have your spouse complete and sign Part D and have this section notarized?* If you named only your spouse as your primary beneficiary under Part B, you DO NOT have to complete Part D.
- 6. You must sign your name consistently on Part B and Part C.

*the date of notarization must be the same as the date your spouse signs the beneficiary form.

If you have any problems or questions regarding the completion of this form, please contact the Pension Fund Office at 1-800-331-0420.

EXPLANATION OF PRIMARY OR SECONDARY BENEFICIARY

Please indicate the name(s) of your Primary Beneficiary(ies); if you wish, please indicate the name(s) of your Secondary Beneficiary(ies). If you are married, please list your spouse as your Primary Beneficiary. You may name someone other than your spouse or someone in addition to your spouse as your Primary Beneficiary(ies) if your spouse consents by completing Part D.

Benefits payable under the Central Pennsylvania Teamsters Defined Benefit Plan and Retirement Income Plan 1987 as a result of your death will be paid to your Primary Beneficiary. If your Primary Beneficiary dies before you, then your remaining Primary Beneficiary, if any, will receive the remaining benefit; if no Primary Beneficiary survives you, your Secondary Beneficiary will receive the remaining benefit. Benefits will be paid in equal shares to the Primary Beneficiary (or Secondary Beneficiary) unless you designate otherwise on this form. If no beneficiary is designated or if none survives you, payments will be made in accordance with the plan documents.

CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND 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.) Name-Last Middle Initial Social Security Number Address-Number and Street State Zip Code PART B: DESIGNATION OF BENEFICIARY (Must be completed by Participant.) Please list your Primary Beneficiary(ies) and Secondary Beneficiary(ies), if any. If you are married, you must name your spouse as your Primary Beneficiary, unless your spouse agrees to you naming someone else as Primary Beneficiary. If you name someone else as your Primary Beneficiary, your Spouse must complete Part D. PRIMARY BENEFICIAIRY(IES) Date of Social Security Number Full Name Relationship Birth Address **SECONDARY BENEFICIARY(IES)** I hereby designate my Primary Beneficiary(ies) and, if none survive me, then my named Secondary Beneficiary(ies) to receive any death benefit payable by the Fund by result of my death. Participant's Signature_____ Today's Date

Telephone Number Email address

PART C: PARTICIPANT'S STATEMENT OF MARITAL STATUS

	ital status below. If you are married, you must provide the Fund with a Marriage Certificate or If you are divorced, you must provide the Fund with a Divorce Decree. If you are widowed, a death certificate.
I,	, a Participant of The Central Pennsylvania Teamsters ad affirm that, as of the date hereof,
Pension Fund, do hereby state an	d affirm that, as of the date hereof,
(please check the appropriate 1 I am legally mar 2 I am not married 3 I am legally dive 4 I am widowed 5. I am married under common	e line): rried (includes separated but not divorced). d, single broced on law. Please contact the Pension Fund Office for a Common Law Affidavit.
Today's Date	Participant's Signature
	******STOP*****
PLEASE READ TH	E UNDERLINED SENTENCE BELOW BEFORE PROCEEDING
PART D: SPOUSE'S CONSEL OF DEATH BENEF	NT REGARDING BENEFICIARY DESIGNATION AND WAIVER
Part D must be completed by you listed on Part B.	ar Spouse, before a Notary Public, only if your Spouse is NOT the only Primary Beneficiary
provided under The Central Penr	nunderstand that, since I am legally married to a participant of The Pension Fund, I will be considered to be the primary beneficiary with respect to any benefit asylvania Teamsters Pension Fund in the event of my spouse's death unless I consent to let my a or in addition to myself as the primary beneficiary.
form under Section B as my spou Teamsters Pension Fund in the ev	spouse my consent to name the person(s) whose name(s) are set forth on the front of this use's primary beneficiary(ies) with respect to all benefits provided by The Central Pennsylvania vent of my spouse's death. My spouse may not elect to change the name of thout my further consent in writing.
	within consent, I am waiving any rights which I may have to such benefits including the rement survivor annuity benefit which might otherwise be payable to me.
Today's Date	Signature of Participant's Spouse
Subscribed and sworn to before rethis day of Seal or Stamp	
Notary Public	My Commission Expires