

# Central Pennsylvania Teamsters Pension Fund

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## 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.)**

1. \_\_\_\_\_  
Name-Last First Middle Initial Social Security Number

2. \_\_\_\_\_  
Address-Number and Street City 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)**

Social Security Number	Full Name	Relationship	Date of Birth	Address
1. _____	_____	_____	_____	_____ _____
2. _____	_____	_____	_____	_____ _____
3. _____	_____	_____	_____	_____ _____

**SECONDARY BENEFICIARY(IES)**

1. _____	_____	_____	_____	_____ _____
2. _____	_____	_____	_____	_____ _____
3. _____	_____	_____	_____	_____ _____

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.

Today's Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

**(OVER)**

## PART C: PARTICIPANT'S STATEMENT OF MARITAL STATUS

Please indicate your current marital status below. If you are married, you must provide the Fund with a Marriage Certificate or Common Law Spouse Affidavit. If you are divorced, you must provide the Fund with a Divorce Decree. If you are widowed, you must provide the Fund with a death certificate.

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 legally married (includes separated but not divorced).
2. \_\_\_\_\_ I am not married, single
3. \_\_\_\_\_ I am legally divorced
4. \_\_\_\_\_ I am widowed
5. I am married under common law. Please contact the Pension Fund Office for a Common Law Affidavit.

Today's Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

**\*\*\*\*\*STOP\*\*\*\*\***

**PLEASE READ THE UNDERLINED SENTENCE BELOW BEFORE PROCEEDING**

## PART D: SPOUSE'S CONSENT REGARDING BENEFICIARY DESIGNATION AND WAIVER OF DEATH BENEFITS

Part D must be completed by your Spouse, before a Notary Public, only if your Spouse is **NOT** the only Primary Beneficiary listed on Part B.

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 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.

Today's Date \_\_\_\_\_ Signature of Participant's Spouse \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Seal or Stamp

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_