



**TEAMSTERS LOCAL UNION 331 BENEFITS
SEVERANCE FUND
DESIGNATION OF BENEFICIARY**

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. _____
Date of Birth Telephone Number E-mail Address

4. _____
Name of Present or Last Principal Affiliate Employer Date Hired

5. Marital Status: (circle one) Single Married Divorced Separated Divorced

6. _____
Spouse's Name Date of Birth Social Security Number

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

Please indicate the name(s) of your primary 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 primary beneficiary(ies) if your spouse consents on the reverse side of this form by completing Part C.

1 _____
Name-Last First Relationship Birth Benefit Percentage

Address-Number and Street City State Zip Code

2 _____
Name-Last First Relationship Birth Benefit Percentage

Address-Number and Street City State Zip Code

I hereby designate the primary beneficiary(ies) named above is to receive any death benefit payable by the Fund by virtue of my death.

Participant's Signature _____ Today's Date _____

PART C: SPOUSE'S CONSENT REGARDING BENEFICIARY DESIGNATION

Part C 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 or Plan Administrator.

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

I, _____, certify that I am the spouse of the participant named on this form. I understand that I have the right to receive my spouse's vested account upon his/her death, and that by signing this form, I am waiving my right to receive some or all of the benefit to which I would otherwise be entitled. I understand that the effect of my consent is that I may receive no benefits from the Teamsters Local Union 331 Severance Fund upon my spouse's death. Having been informed of my rights, I hereby irrevocably consent to my spouse's designation of the beneficiary(ies) named above. This consent:

- Applies only to the specific designations made on this form. No changes can be made by my spouse without my further consent.
- Applies to this and any future changes in designations made by my spouse.

Today's Date _____ Signature of Participant' Spouse _____

Subscribed and sworn to before me this _____ day of _____, 20____.
Seal or Stamp

Notary Public _____ My Commission Expires _____

Plan Administrator _____ Date _____