

TEAMSTERS LOCAL NO. 35 PENSION FUND

INSTRUCTIONS FOR DESIGNATION OF BENEFICIARY

- (1) If a mistake is made, no erasures or corrections should be made; a new form should be used. The printed material on this form should not be deleted or altered in any way.
- (2) If a married woman is to be named, her full given name should be shown - for example, Mary J. Smith, not Mrs. John J. Smith.
- (3) When two or more beneficiaries are to be named, and they are not to share equally, the percentage each beneficiary is to receive should be shown; dollars and cents should not be specified.
- (4) Additional Information for Married Participants:

Before Retirement: I understand that if I am married and have been married at least one year immediately prior to my death, my legal spouse will automatically be my beneficiary for any pre-retirement death benefit due under this Plan.

After Retirement:

Receiving a Joint and (50%, 75% or 100%) Survivor Annuity Option: I understand that my designated Joint Annuitant (named at my retirement date) who will be entitled to receive a monthly pension after my death may never be changed. However, if my Joint Annuitant predeceases me, I may elect a beneficiary to receive the remainder of any guaranteed monthly pension payments payable after my death. (See rules below under "Receiving a Life Annuity Option with Five or Ten Year Certain.")

Receiving a Life Annuity Option with Five or Ten Year Certain: I understand that if I am married (even for less than one year), unless my spouse signs the 'Spousal Waiver Consent' section of the Designation of Beneficiary Form consenting to another designated beneficiary to receive all or part of any benefits payable after my death, my legal spouse will automatically be my beneficiary under this Plan.

- (5) If there are any questions, you should contact the Fund Administrator, Teamsters Local No. 35 Pension Fund, (215) 965-0080.

Please return this form to:

Rae Consulting, Fund Administrator
Teamsters Local No. 35 Pension Fund
601 Dresher Road, Suite 201
Horsham, PA 19044

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601 Dresher Road, Suite 201 Horsham, PA 19044

DESIGNATION OF BENEFICIARY FORM

Important Note: Please read the attached instructions before completing this form.

PARTICIPANT INFORMATION		
Participant Name: _____	Date of Birth: _____	
Social Security Number: _____	Phone Number: _____	
Home Address: _____ Street Address		
City	State	Zip Code

MARITAL STATUS
Current Marital Status (check one): ☐ I am legally married. By law, I must choose Option 1 "Spouse" unless my spouse has signed the "Spousal Waiver Consent" section of this form. I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation of Beneficiary. ☐ I am not married. I must choose Option 2 "Other than Spouse."

BENEFICIARY DESIGNATION				
Subject to the terms of the Teamsters Local No. 35 Pension Plan, I request that any benefits becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall revoke any and all designations of beneficiary previously made by me under this Plan. However, if no person survives, or if none is named, distributions shall be payable as prescribed under the Plan.				
<u>OPTION 1</u> ☐ Spouse [Primary Beneficiary] To _____				
SSN: _____, my spouse, if living at my death; if not then;				
Contingent Beneficiary:				
☐ In equal shares to my lawful children, with one share for each then living child and one share divided equally among the children of any deceased child. Included in the above are children legally adopted by me and/or my spouse.				
Or				
☐ To the person(s) named below:				
(1)	_____	_____	_____	_____
Name	Address – Street	Relationship	% of Benefit	
_____	_____	_____	_____	_____
Social Security Number	City	State	Zip	Date of Birth
(2)	_____	_____	_____	_____
Name	Address – Street	Relationship	% of Benefit	
_____	_____	_____	_____	_____
Social Security Number	City	State	Zip	Date of Birth

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DESIGNATION OF BENEFICIARY FORM (page 2)

OPTION 2 () Other than Spouse – Equally or as designated to the following named person(s) living at my death:
Primary Beneficiary: To the person(s) named below:

(1) _____
Name Address – Street Relationship % of Benefit

Social Security Number City State Zip Date of Birth

(2) _____
Name Address – Street Relationship % of Benefit

Social Security Number City State Zip Date of Birth

Contingent Beneficiary: If no such primary beneficiary is living, equally or as designated to the person(s) named below:

(1) _____
Name Address – Street Relationship % of Benefit

Social Security Number City State Zip Date of Birth

(2) _____
Name Address – Street Relationship % of Benefit

Social Security Number City State Zip Date of Birth

SPOUSAL WAIVER CONSENT

PLEASE COMPLETE THE SPOUSAL WAIVER BELOW ONLY IF THE PARTICIPANT IS MARRIED AND THE SPOUSE IS NOT NAMED AS THE 100% PRIMARY BENEFICIARY.

I, _____, hereby consent to the designation made by my spouse to have the death benefit paid to the named beneficiary specified on the election above. I hereby acknowledge that (1) the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

 (Spouse's Signature) Date

THIS SPOUSAL CONSENT MUST BE NOTARIZED BY A NOTARY PUBLIC

State of: _____ County of: _____

This _____ day of _____, 20____ Signature & Seal

AUTHORIZATION – SIGNATURES

Signature of Participant: _____ Date: _____

Signature of Witness: _____