



TEAMSTERS LOCAL 301 H&W FUND

36990 N. Green Bay Road Waukegan, IL 60087 • (847) 623-5430 • www.teamsters301hwp.org

Beneficiary Designation(s) become effective on the date the properly completed form is *received* by the Fund Office.
Receipt of this form does not guarantee eligibility. Please print clearly using black or blue ink.

BENEFICIARY DESIGNATION FORM – H&W FUND

SECTION 1: PARTICIPANT INFORMATION

Full Name (First, Middle, Last)

Birth Date (MM/DD/YYYY)

Full UID# or Last 4 Digits of SSN

Email Address

Status: *marriage is recognized to the extent required by governing law.*

Never Married Married Widowed Divorced

SECTION 2: BENEFICIARY DESIGNATIONS

For both Beneficiary Sections, you need only designate one beneficiary. You must complete BOTH Parts A and B below.

PART A: PRIMARY BENEFICIARY(IES): If you designate more than one Primary, the benefit due will be equally divided by the Primaries; if one of the Primaries does not survive you, the benefit due will be allocated equally among remaining Primaries.

Primary Beneficiary 1	Full Name (First, Middle, Last) – <i>this MUST be your spouse if you are married, except as noted above.</i>	Relationship to Participant
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	Email Address	Full Social Security Number
Primary Beneficiary 2	Full Name (First, Middle, Last)	Relationship to Participant
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	Email Address	Full Social Security Number
Primary Beneficiary 3	Full Name (First, Middle, Last)	Relationship to Participant
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	Email Address	Full Social Security Number

Please make a copy of this page if you would like to designate more beneficiaries than space allows for above.

PART B: SECONDARY BENEFICIARY(IES)
 Your second choice to receive this benefit if your Primary(ies) die before you do. If you designate more than one Primary, all Primaries must have died before any of the Secondary Beneficiaries (“Secondary(ies)”) are entitled to receive benefits. If you name more than one Secondary, and if one of them does not survive you, the benefit due to them will be split equally among remaining Secondaries.

I do not wish to name any Secondaries; or I designate Secondary Beneficiary(ies) as follows:

Secondary Beneficiary 1	_____	_____
	Full Name (First, Middle, Last)	Relationship to Participant
	_____	_____
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	_____	_____
	Email Address	Full Social Security Number
	_____	Birthdate (MM/DD/YYYY)
	_____	_____
Secondary Beneficiary 2	_____	_____
	Full Name (First, Middle, Last)	Relationship to Participant
	_____	_____
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	_____	_____
	Email Address	Full Social Security Number
	_____	Birthdate (MM/DD/YYYY)
	_____	_____
Secondary Beneficiary 3	_____	_____
	Full Name (First, Middle, Last)	Relationship to Participant
	_____	_____
	Mailing Address: Street, City, State, Zip Code	Mobile Phone #
	_____	_____
	Email Address	Full Social Security Number
	_____	Birthdate (MM/DD/YYYY)
	_____	_____

Please make a copy of this page if you would like to designate more beneficiaries than space allows for above.

SECTION 3: SIGNATURE



You must read and understand the following statement completely; signature indicates agreement.

I hereby revoke any and all previous H&W Plan beneficiary designations and hereby designate those named on this form as my beneficiary(ies). I understand that I may change my beneficiary designation(s) at any time by completing a new form.

X _____ Date _____
 Signature of Participant

Consider updating your beneficiaries if you get married, divorced or your spouse or any named beneficiary dies. To change beneficiaries at any time in the future, contact the Fund Office for a new beneficiary form or download one from our website.

Submit your completed, signed form via the method most convenient for you:

MAIL/DROP-OFF: Teamsters Local 301 H&W Fund
 36990 N. Green Bay Rd
 Waukegan, IL 60087