



# TEAMSTERS LOCAL 301 PENSION FUND

36990 N. Green Bay Road Waukegan, IL 60087 • (847) 623-5430 • [www.teamsters301hwp.org](http://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 – PENSION FUND

The Pension Fund is a Defined Benefit Plan which is maintained for the purpose of providing retirement benefits to eligible Participants.  
Benefits are determined according to a specific formula stated in the Plan document.

### SECTION 1: PARTICIPANT / RETIREE INFORMATION

Full Name (First, Middle, Last)

Birth Date (MM/DD/YYYY)

Full UID# or Last 4 Digits of SSN

Email Address

Marital 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):** Your first choice(s) to receive any monthly benefits due from the Pension Plan in the event of your death. 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.

If you are married, your spouse is automatically your sole Primary Beneficiary; enter your spouse's information as Primary Beneficiary 1 below.

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 Pension 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 Pension Fund  
 36990 N. Green Bay Rd  
 Waukegan, IL 60087