

# Teamsters Joint Council No. 83 of Virginia

## Health & Welfare and Pension Funds



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### PENSION BENEFICIARY DESIGNATION

Participant's Printed Name	Participant's SSN or UID
I designate the following person(s) as my beneficiary(ies) to receive at my death any benefits payable under the provisions of the Pension Plan. I understand that, if a beneficiary is under age eighteen (18) at my death, such benefits will be paid to his/her legal guardian. I further understand that this statement does not override a surviving legal spouse's automatic designation as the Eligible Spouse for any pre-retirement survivor benefits, nor override any designation I may have made or make under the Joint & Survivor Benefit (married) or Contingent Annuitant Benefit (non-married.)	
<b>Primary Beneficiary Designation</b>	
Name (Person(s), Trust or Estate)	Birthdate(s)
Mailing Address(es)	Relationship(s)
<b>Secondary Beneficiary Designation</b>	
Name (Person(s), Trust or Estate)	Birthdate(s)
Mailing Address(es)	Relationship(s)
Participant's Signature	Date
<b>Witness' Signature (other than beneficiary)**</b>	Date

**\*\* Required field. Form not valid without witness signature.**