

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



www.tjc83funds.org

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## Pre-retirement Pension Contingent Annuitant Designation (For unmarried participants)

Participant's SS# \_\_\_\_\_

Participant's name \_\_\_\_\_

I designate the following person as my Contingent Annuitant:

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I confirm the following:

- 1) My designated Contingent Annuitant is at least 18 years of age.
- 2) My understanding that if I die before retirement and after vesting under the Plan, my Contingent Annuitant will receive 100% of my actuarially reduced pension beginning on my earliest possible retirement date, or earlier at an actuarially reduced amount.
- 3) My understanding that this election will be null and void if I am legally married at the date of my death.
- 4) My understanding that this election supersedes the Pension Beneficiary Designation previously filed, if any.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This section must be completed by the Notary Public who witnesses the above signature.

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ My registration number: \_\_\_\_\_

*(Required for the state of Virginia)*