

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



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Pension Fund Signature Form

Beneficiary

Alternate Payee

Name (printed) _____

Social Security Number _____ Phone Number _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Signature _____

Member's Name _____

Member's Social Security Number _____