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

www.tjc83funds.org
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530
Email: documents@tjc83funds.net

HEALTH & WELFARE CHANGE OF BENEFICIARY FORM

Please complete the form below and return it to the Fund Office using the contact information listed above.

Section 1: Participant Information.
This section must be completed by Participant.

Participant's Name	Participant's SSN or UID
Participant's Mailing Address	City, State Zip
Participant's Email Address	Participant's Phone No.

Section 2: New Beneficiary Information.
This section applies to your new beneficiary.
You may name more than one beneficiary. If percentages are not specified, benefits will be paid in equal shares.

Beneficiary #1 Name		Beneficiary's SSN
Beneficiary's Address		City, State Zip
Relationship to Participant	Percentage of Benefit (%)	Beneficiary's Date of Birth
Beneficiary #2 Name		Beneficiary's SSN
Beneficiary's Address		City, State Zip
Relationship to Participant	Percentage of Benefit (%)	Beneficiary's Date of Birth

Participant Signature

X_____	**Date:** ___/___/_____

Participant Name (Printed):

This is page one of a two-page form. Both pages MUST be completed.

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****This beneficiary designation is not valid without the witness' information (below) AND signature. The witness cannot be the beneficiary.****

Section 3: Witness Certification	
Witness Name (Print):	
Witness Address:	
City:	
State:	
Zip Code:	
Witness Phone (Optional):	
Relationship to Participant (Optional):	

Witness Attestation: By signing below, I certify that:

1. I personally witnessed the Participant sign this Change in Beneficary form.
2. The participant appeared to be acting voluntarily and of sound mind at the time of signing.
3. I am not named as a beneficiary on this form and I am not signing on behalf of any beneficiary.

Witness Signature	
Date	

If no beneficiary survives the insured, payment shall be made in accordance with the terms of the plan. If more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the insured, unless otherwise provided. The right to further change the beneficiary is reserved unto the insured without the consent of the beneficiary. If the insured is also insured under a Group Accidental Death and Dismemberment Plan issued by the Teamsters Joint Council No. 83 of Virginia Health and Welfare Fund, this beneficiary designation shall also apply to this benefit.