

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

PENSION BENEFICIARY DESIGNATION

Participant's Printed Name	Birthdate	Participant's SSN or UID
<p>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.)</p>		
Primary Beneficiary Designation		
Name (Person(s), Trust or Estate)	Relationship(s)	Birthdate(s)
Mailing Address(es)	Phone Number(s)	Social Security Number(s)
Secondary Beneficiary Designation		
Name (Person(s), Trust or Estate)	Relationship(s)	Birthdate(s)
Mailing Address(es)	Phone Number(s)	Social Security Number(s)
Participant's Signature		
		Date
Witness' Signature (other than beneficiary)**		
		Date
Witness' Printed Name		
		Phone Number