

Indiana Teamsters Defined Contribution Plan

2829 Madison Ave Indianapolis, IN 46225

(317) 275-6087

Website: itdcp.org Email: ITDCP@local135.com

For Office Use Only:

PLEASE PRINT CLEARLY

Full Name _____
(Last) (First) (M.I.)

Address _____
(Street) (Apt #) (City) (State) (Zip)

Birth Date _____ Social Security No. _____

Phone No. _____ Local Union No. _____ Sex: M _____ F _____

Email Address _____

Marital Status: Married _____ Single _____ Divorced _____

Current Employer _____ Hire Date _____

****COMPLETE BACK SIDE OF CARD****

***If Married, Spouse Must Be Primary Beneficiary at 100% Unless Spouse Signs a Consent (QAD Form).
Contact us for a Qualified Alternate Designation (QAD) Form or visit ITDCP.ORG for this form.**

Primary Beneficiary _____ % Relationship _____

Primary Beneficiary _____ % Relationship _____

Secondary Beneficiary (In the Event of Death of Primary Beneficiaries)

Secondary Beneficiary _____ % Relationship _____

Secondary Beneficiary _____ % Relationship _____

Signature _____ Date Signed _____

ANY CHANGES IN ELIGIBILITY MUST BE MADE WITHIN 30 DAYS OF CHANGE