

DESIGNATION OF BENEFICIARY

Teamsters Local 641 Pension Fund

Name of person _____ SS _____ Date of Birth: _____
Collecting pension: _____ #: _____
Address: _____ Phone #: _____

Signature of person _____ **Date:** _____
Collecting pension: _____

I revoke all previous beneficiary nominations & make the below nomination of beneficiary with respect to all pensions &/or insurance provided now or at any time in the future under the Group Insurance Policy/Policies by the Teamsters Local 641 Pension Fund still reserving my privilege of making further changes subject to the policy provisions.

Name of Beneficiary:	Date of Birth:	Relationship To Person Collecting Pension:
Address:		Phone #:

Revised 7/27/2015-TN