

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



Administered by West End Administrators, Inc.
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Pension Beneficiary Designation

Participant's SSN or UID _____

Participant's Printed Name _____
Last *First* *Middle*

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 any designation I may have made or make under the Joint and Survivor Benefit (married) or Contingent Annuitant Benefit (non-married).

Primary

Name (Person(s), Trust or Estate) _____

Birthdate(s) _____

Address(es) _____

Relationship(s) _____

Secondary

Name (Person(s), Trust or Estate) _____

Birthdate(s) _____

Address(es) _____

Relationship(s) _____

Signature _____ Date _____

Witness' Signature (Other than beneficiary) _____