



TEAMSTERS LOCAL 676
AND EMPLOYERS ANNUITY FUND

P.O. BOX 39 • COLLINGSWOOD, NJ 08108

BENEFICIARY DESIGNATION FORM – LOCAL 676 ANNUITY FUND

PARTICIPANT’S NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____
CITY STATE ZIP

If you are married, it is not required that you complete a Beneficiary Designation Form. As a married Participant your spouse is automatically the sole Primary Beneficiary to your account. However, your spouse can waive his/her right as the named beneficiary by consenting to you naming another beneficiary below. Your spouse will need to sign the reverse side of this form and have his/her signature notarized. You may designate a Beneficiary(ies) in addition to OR other than your spouse to receive 100% of your account. **See reverse side for Spousal Consent.**

If you are not married, you must designate a Beneficiary(ies) to receive your Annuity Account after your death. If you do not name a Beneficiary(ies), your account will be payable in accordance with the Annuity Plan rules.

PLEASE READ EXPLANATION OF BENEFICIARY DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING.

PRIMARY BENEFICIARY DESIGNATION

BENEFICIARY NAME: _____ **SOCIAL SECURITY #:** _____

Primary Beneficiary’s Address: _____
City State Zip

% Allocated _____ Relations to Participant: _____

BENEFICIARY NAME: _____ **SOCIAL SECURITY #:** _____

Primary Beneficiary’s Address: _____
City State Zip

% Allocated _____ Relations to Participant: _____

CONTINGENT BENEFICIARY DESIGNATION

BENEFICIARY NAME: _____ **SOCIAL SECURITY #:** _____

Contingent Beneficiary’s Address: _____
City State Zip

% Allocated _____ Relations to Participant: _____

BENEFICIARY NAME: _____ **SOCIAL SECURITY #:** _____

Contingent Beneficiary’s Address: _____
City State Zip

% Allocated _____ Relations to Participant: _____

In the event of my death, I designate the above to be my Beneficiary(ies). I certify the information on this form to be correct.

Participant’s Signature: _____ Date: _____

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MAIN (856) 382-2495 • TOLL-FREE (888) 925-5585 • FAX (856) 382-2401

SPOUSAL CONSENT

To Participant and Spouse: Please read below carefully.

If the Participant's spouse is not listed as the sole Primary Beneficiary, the spouse's notarized consent below is necessary to make the Beneficiary Designation(s) valid each time a change is made. The spouse's consent must be witnessed by a Notary Public or Plan representative.

Spouse: I hereby waive all rights to benefits under the Teamsters Local 676 and Employers Annuity Fund and consent to the Beneficiary designation(s) made by my spouse. I fully acknowledge and understand that; (1) Upon my spouse's death, all or part of my spouse's Annuity Account will be paid to a Beneficiary(ies) other than myself; (2) I cannot revoke my consent to his Beneficiary(ies) designation; (3) My spouse can only change this Beneficiary(ies) designation with my consent.

Spouse's Name: (Please print) _____ Social Security #: _____

Spouse's Signature: _____

Spouse's address: _____
City State Zip

Participant's Name: (Please print) _____

Plan Representative: _____ Date: _____

Or Notary:

Sworn to and subscribed before this _____ day of _____, 20_____.

Seal

BENEFICIARY DESIGNATIONS

PRIMARY BENEFICIARY

There must be at least one Primary Beneficiary who will receive your Annuity Account if you die. If a Primary Beneficiary is deceased at the time of your death, that person's share will be distributed to the remaining Primary Beneficiary, if any.

CONTINGENT BENEFICIARY

A Contingent Beneficiary will receive a benefit only if all Primary Beneficiaries are deceased at the time of your death. Otherwise a Contingent Beneficiary will not receive a benefit.

PERCENTAGE (%) ALLOCATION

Write the percentage of the benefit you want each Beneficiary to receive. Specify a percentage in increments of ten (10), such as 10%, 20%. The percentages allocated to Primary beneficiaries must total 100%. The percentages allocated to Contingent Beneficiaries must total 100%.

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_____ MAIN (856) 382-2493 • TOLL-FREE (833) 822-4454 • FAX (856) 382-2401 _____