



ALASKA TEAMSTER-EMPLOYER PENSION TRUST

BENEFICIARY DESIGNATION

PARTICIPANT'S NAME: _____ SSN: _____

The Alaska Teamster-Employer Pension Trust provides that if you do not designate a beneficiary/beneficiaries, or if your designated beneficiary/beneficiaries are not surviving at your death, your benefits are paid equally to the first living persons on the following list:

- 1. Spouse
- 2. Children born to or legally adopted by you
- 3. Parents
- 4. Brothers and sisters
- 5. Your Estate

If you want benefits paid in an order other than the above, list your beneficiary or beneficiaries below and indicate the manner in which benefits should be paid.

I hereby designate the beneficiary or beneficiaries listed herein. I wish benefits to be:

- paid to the listed beneficiary or beneficiaries only if my spouse and I die simultaneously.
- divided evenly between those I have listed, or;
- paid to Beneficiary #1. If Beneficiary #1 is deceased, then pay Beneficiary #2, then Beneficiary #3, etc.

Beneficiary #1	Beneficiary #2	Beneficiary #3
Name:	Name:	Name:
Address:	Address:	Address:
Social Security Number:	Social Security Number:	Social Security Number:
Relationship:	Relationship:	Relationship:
Beneficiary #4	Beneficiary #5	Beneficiary #6
Name:	Name:	Name:
Address:	Address:	Address:
Social Security Number:	Social Security Number:	Social Security Number:
Relationship:	Relationship:	Relationship:

PARTICIPANT: READ ENTIRE FORM BEFORE SIGNING

I understand that if I am married and **not** retired, my spouse is my beneficiary and that I cannot designate a beneficiary other than my spouse. If I am married and retiring or retired, I understand that I may designate a beneficiary other than my spouse **only** if my spouse signs this Designation form. I further understand that if I am not married and not retired, I may designate a beneficiary of my choice and that if I then marry, my spouse becomes my beneficiary and any previous designation becomes invalid.

Signature of Participant

Date

This is to certify that on the _____ day of _____, 20____ before me a Notary Public in and for the State of _____, personally appeared _____ who executed the foregoing document.

Witness my hand and official seal the day and year last above written.

Notary Public In And For _____
My Commission Expires: _____

► If Participant is married, the spouse's signature is required below. ◀

SPOUSE: READ ENTIRE FORM BEFORE SIGNING

I am the spouse of the participant. I certify that I have read and understand the information on this form. I understand that by signing this form, I am consenting to the designation of a beneficiary other than myself. I understand that I may not revoke this consent and that by giving this consent, I give up my right to a benefit if the participant dies before I die.

Signature of Spouse

Date

This is to certify that on the _____ day of _____, 20____ before me a Notary Public in and for the State of _____, personally appeared _____ who executed the foregoing document.

Witness my hand and official seal the day and year last above written.

Notary Public In And For _____
My Commission Expires: _____

IMPORTANT: Plan participants, if you are eligible for Teamster health care benefits, through active employment or as a retiree, please contact the Alaska Teamster-Employer Welfare Trust directly to obtain the applicable beneficiary designation form to update your Welfare Trust beneficiary designation for the life insurance benefit.