



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.

Table with 6 columns for Beneficiary #1 through #6, each with rows for Name, Address, Social Security Number, and 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.