

## ALASKA TEAMSTER-EMPLOYER WELFARE TRUST

## **BENEFICIARY DESIGNATION**

		SSN:
Anomoral y, continuing are not survivi		e a beneficiary/beneficiaries, or if your designate lly to the first living persons on the following list:
1. Spouse		
2. Children born or legally adopted	ed by you	
3. Parents		
4. Brothers and Sisters		
5. Your Estate		
eneficiary designation of that former see beneficiary by providing a new designate the beneficiary divided evenly bet paid to Beneficiary #3, etc. Please us	spouse will be considered void. Following a gnation form.  y or beneficiaries listed herein. I wish tween those I have listed, or;  y #1. If Beneficiary #1 is deceased,	then pay Beneficiary #2, then Beneficiary you have more than three beneficiaries to
name.  Beneficiary #1	Beneficiary #2	Beneficiary #3
	Name:	Name:
Name:		rvanic.
Name: Address:	Address:	Address:
	Address:  Social Security Number:	

<u>IMPORTANT</u>: Plan participants, if you are eligible for Teamster retirement benefits, through Active employment and have not yet retired, please contact the Alaska Teamster-Employer Pension Trust directly to obtain the applicable beneficiary designation for your

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retirement benefits.